Vol. XXVIII. NOVEMBER, 1932 No. 11

An Analysis of the Cost of Nursing Education*

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The fact that this session of this general meeting of the Canadian Nurses Association is to be entirely devoted to the discussion of the cost of nursing education immediately brings to one's mind two thoughts: first, the programme as planned clearly indicates the importance of this subject in the future development of nursing education in Canada; and, second, the fact that this economic question, which is at the base of all branches of education, has not yet been satisfactorily dealt with, although some of the schools of nursing in Canada have already passed the fiftieth anniversary of their existence.

To really understand why such a delay in facing facts and placing nursing education on the same basis as all other branches of education in this country, it is necessary to go back to the early days of nursing and to review briefly its developments. The early leadership in nursing in Canada was largely inspirational and religious. The settlement by the French in the sixteenth and early seventeenth centuries brought with it the religious influence, and from that time up until the era of commercial and industrial expansion in the nineteenth century, and the specialisation of the twentieth century, the history and development of nursing is closely interwoven with the development of Canada as a whole. In the early days when settlements were coming into existence and hospitals being organised to care for the sick, the emphasis was placed on the actual bedside nursing care of the patient in each individual hospital, and little or no thought was given to the preparation of the personnel to whom this care was assigned. Then came the introduction of a definite plan for educating nurses, the first Canadian school being opened in the St. Catharines General Hospital in Ontario in 1873. Other hospitals soon organised nursing schools, as it was very apparent that under this plan the nursing service in the hospital could be more efficiently done. From 1873, when the first school was organised, up until the present time there has been no control of any kind in the organisation and administration of schools of nursing. Hospitals have organised and conducted schools regardless of their facilities for this important educational undertaking. Most hospitals are considered, both by their trustee boards and by the community, to be business organisations rendering a public service in the care of the sick. The fact that they are also the educational institutions to which are entrusted the education of the nurse is seldom considered from a serious educational standpoint. The student nurse became a necessary cog in the machine which had been set going, and the chief interest in her from the standpoint of the hospital was only for the period that the cog remained in action in that individual hospital.

Gradually factors outside the hospital began to demand changes in the education of the nurse if she was to meet the ever-increasing demands for many and varied types of service. The rapid development in the field of

(*Papers read at a General Session, Canadian Nurses Association General Meeting, June 22, 1932.)

scientific medicine, the phenomenal advance of surgery, the organisation of public health and social welfare activities, have brought with them urgent demands for efficient service from the nurse in all these extremely complex and vital undertakings. The modern hospital has become, whether willingly or unwillingly, the laboratory for the practice of modern medicine and surgery, the carrying out of which requires a very specially trained personnel. In the early days, when the student nurse's time was devoted to the bedside care of the patient, and when her education was restricted to preparing her for this service, the hospital may have been justified in undertaking this so-called educational project. But, today, the conditions are entirely different. Unfortunately, the actual time devoted to the bedside nursing care of the patient is becoming rapidly less and less, while the time devoted to the co-operation with the medical and surgical staffs in the many branches of research undertaken, in the carrying out of special treatments, in the assistance given to surgical procedures, is becoming greater and greater. If the nursing staff of the hospital had only the responsibility of the actual bedside nursing of the patients, the personnel could be very materially reduced. This is an economic factor that is seldom realised or acknowledged. The world has gradually, or one may say rapidly, reached an age of scientific specialisation, and this development applies to every profession and every type of work. The nursing profession is no exception. A sentence in the Survey Report stresses this fact: "As a modern specialist in medicine differs from the nineteenth century family doctor, or as a pastor of a wealthy congregation differs from the itinerant missionary on the remote frontiers of civilisation, in somewhat similar fashion may it be said that the best type of present-day nurse differs from the illustrious sisterhood immortalised in the early annals of Canadian history."

It is obvious that the nursing profession cannot remain static while evolutionary forces affect all other workers in the community. Nursing has been too long in the transition stage between the old and the new, looking into the past and regretting the fact that sound educational foundations were not laid, yet hesitating to pull down the old structure and rebuild on a basis that will serve at least as a starting point for the future development of nursing education and nursing service. It was the endeavour to find that starting point that led to the Survey of Nursing Education in Canada. Definite knowledge of present conditions was essential, giving facts, not opinions, of many disputed questions, such as: the efficiency of the nursing service now being rendered; the extent to which the nursing needs in the community were being met; the degree to which the nurse's education fitted her for the service she is called upon to give in the many and varied fields of nursing; the educational and other qualifications with which the prospective nurse entered for training, and the economic conditions of the nurses. Many others ought to be added, but these are sufficient to indicate the need of definite information before any intelligent planning for the future can be done. It is essential to understand the nursing situation from all standpoints before the proper solution can be decided.

We are all creatures of habit, and this extends to hospital boards of trustees. They might be said to have the "school for nurses" habit. The school for nurses has been a part of the hospital since its establishment and is more or less taken for granted. All fields of hospital service have been subjected to careful study from the economic standpoint, the one exception being the cost of educating the student nurse. Hospital boards of trustees have also carefully outlined the scope of hospital service and have not undertaken activities that did not logically belong to them. Why, then,

have they not given the same logical consideration to the question of nursing education and nursing service?

In the discussion of this subject we must always bear in mind the fact that we have in Canada many hospitals in which conditions have not materially changed since their organisation. These hospitals are contributing practically nothing to nursing education and, therefore, cannot be considered in the discussion of cost analysis. Care must be taken in not permitting these institutions to confuse the facts, either in our own minds or in the mind of the public as a whole. Each hospital of this type will claim to be conducting a school for nurses, but in reality they are functioning in the same manner as in the early days of nurse training, giving their students sufficient practical instruction to enable them to carry out the nursing service of that individual hospital. The board of trustees of such a hospital has no sense of responsibility, and in reality gives little thought to the fact that the hospital is posing as an educational institution in which the nurse is expected to receive the necessary preparation to fit her for nursing service in its broadest sense. In this connection the Survey states, "If the student nurse is being exploited in the interests of the hospital rather than given an adequate education, it becomes the duty of the state, in the discharge of its obligations to the community and to the student, to stop such exploitation."

The hospitals that must be included are those which are honestly endeavouring to give the student nurse an adequate education to fit her for her profession. These hospitals will have to approach the subject with an open mind and allow the facts to speak for themselves. One fundamental consideration is whether the education of the student nurse under present-day conditions is really a responsibility that the hospital should be expected to undertake unaided, or be willing to undertake unaided. In the early days, when the education of the student nurse was planned only to make her a useful member of the nursing personnel of the individual hospital from a practical standpoint, and when her duties were only those of the bedside nursing of the patient, the answer to this question might be easier to establish. At that period of development, when her entire time was given to the patient, the answer to this question might well be different from the answer to the same question under present-day conditions.

What are the present-day conditions? What is the objective of nursing education today? To what extent should the hospital, through the school of nursing, attempt to reach that objective? Should the hospital assume the financial responsibility of educating nurses in preparation for fields of work other than the actual nursing care of the hospital patients? All these questions must be studied and the logical answers found. To decide where the responsibility of the hospital begins and ends is not easy, as it is impossible to carry on the work of treating and caring for patients without a nursing personnel whose scientific training makes possible the carrying out of the demands made by physician and surgeon for this very special knowledge, co-operation and efficient service. The nurse is often referred to as the handmaiden of the doctor. In all branches of nursing: hospital, private duty, and public health, she is being called upon to a greater and greater degree to be much more than a handmaiden. She is rapidly taking on responsibility that in former years belonged to the doctor. As the work of the doctor, whether he be physician or surgeon, became more specialised and complex, he, of necessity, had to free himself from old duties in order to have time for the newer developments in his work. In observing the evolution of hospital nursing over a period of years it is quite easy to follow the gradual passing on of increasing responsibility to the nursing staff.

These new duties cannot be undertaken without training and definite knowledge. Nursing education must keep abreast of medical practice and medical education. The hospital might well study the education of the nurse from this standpoint. Is it the sole responsibility of the hospital to make possible the application and the testing of the newly established facts of medical research? The hospital is the logical laboratory for the practice of medicine, but should the hospital assume all the cost of this development or should the financial outlay be shared by the governmental bodies? The special interest of this Association is naturally that of educating the nurse, so that she may be fitted in every way to meet the demands for efficient service from all the fields of medical practice.

How should this education be financed? In order to answer that question it will be necessary to go much further and to actually know what the nurse's education is costing the hospital, or would cost if properly carried out; what her maintenance, illness, etc., is costing, and what her services are worth to the hospital, in order to place this on the credit side of this analysis. It would also seem logical to question to what extent the nursing service of the hospital benefits from the educational programme. Is the hospital spending time and money preparing the nurse for services not included in the individual institution? This is found to be done in all hospitals whose students are sent for affiliated courses to other hospitals in order to complete the required training in branches of nursing not found in the home school. Affiliation for student nurses is a costly undertaking and should be carefully shown on the debit side of this analysis. The comparative value of the services of the graduate nurse and the student nurse from an economic standpoint should be studied and the findings should have a direct influence on the policy adopted for future nursing service.

In considering the question of nursing education it would be advisable to make a careful study of the methods adopted for the carrying on of other branches of education. *The time has come when nursing education must be considered as an important part of the educational system of the country. In this consideration we should have established governmental control as to what that education shall be and where it shall be given.* It was thought by the nursing profession that the Registration of Nurses Acts in the different provinces would have brought about better conditions in nursing education. To some extent conditions have improved in many schools for nurses, and in some cases hospitals, unable to give an adequate training, have discontinued the school of nursing and established a graduate nurse service. I do not wish in any way to fail to give credit where credit is due, but it should be remembered and stressed that the legislation concerning nursing education now in force in the different provinces is permissive legislation. There is really no definite control established. Any hospital may conduct a school for nurses, regardless of educational facilities and clinical experience offered. If, however, the hospital wishes to have its graduates eligible for registration under the Registration of Nurses Act, certain standards must be attained. It would seem that in any educational undertaking the first consideration should be the institution in which that education is to be given. That important matter will have to be settled before any progress can be made as to the apportioning of the cost of nursing education. It must also be borne in mind that schools for nurses are not filling only a local need. They serve the community in which they are located, the province, and Canada as a whole in the same way as other educational institutions, colleges and universities fill a national need and are truly national in their scope. If the issue is to be squarely faced and constructive planning made possible,

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the legislation concerning schools of nursing should cease to be of the permissive type and become compulsory, so that no hospital would be permitted to conduct a school for nurses unless the standard educational requirements were satisfactorily met. The Survey makes the following statement: "No institution should be permitted inefficiently to conduct an important enterprise, vitally concerning the public interest, simply because the process is cheap and economically advantageous to the institution concerned. The interest of the public at large should transcend private and local considerations."

Under a system of definite governmental control, it would be possible to develop in the schools for nurses a standard system of cost accounting. The Survey emphasizes the difficulties encountered in endeavouring to arrive at any accurate estimate of the cost of nursing education and nursing service. The facts are lost in a mass of figures of hospital expenditures, and the lack of uniformity in the existing systems of cost accounting in hospitals makes it practically impossible to really ascertain the information required. Even before this standardisation of method can be effected, the schools for nurses could and should study the nursing costs by preparing a budget for the operation of the school. In collecting the information even for the original budget, an important advance will be made toward establishing the practice and the necessity of studying nursing costs and nursing service. The average hospital can now supply accurate information as to the cost of any commodity used in the hospital. The time has come when this practice should be extended to the nursing service.

The Survey Report states that the net cost of educating a student nurse is the difference between the monetary value of her services to the hospital and the total cost of her education. It also states that the adequate education of the nurse, as of the teacher, is a national enterprise entailing national obligations which should not be saddled on any local community or hospital. If we survey, even superficially, the fields of nursing in which nurses are working, we find them employed by governments, municipal and provincial, through health departments, education departments, hospitals and industries. If the health activities of the government which are operated to promote the welfare of the people of our country are largely carried on through the nursing service, should not that government take some responsibility for controlling and financing the education of the nurse to whom this health service is entrusted?

It is very logical to come to the conclusion that the schools of nursing should receive government subsidy, but it is not so easy to induce the government to arrive at the same logical conclusion. We will have to prove our case, and in order to do so there are certain inevitable preliminary steps. The first step is to have the nurses of Canada learn to work together and to accept guidance and advice from those whose responsibility it is to give such guidance and advice. In each province a carefully planned campaign will be launched and should be supported by every nurse in the province. Until we as nurses learn to work together there will be little progress made. We are in danger of scattering our energies and in the end accomplishing little. In this campaign we should cease dividing into different groups, private duty in one, institutional nurses in another, and the public health in still another group, each group advancing its own interests and, in a very short-sighted way, overlooking the fact that what affects one group affects all. Nor can a few nurses in each province assume this great responsibility. Unless we are united, each nurse taking her full responsibility, the campaign for better educational opportunities for nursing has failed before it is launched.

The second step is for each nurse to study the Survey Report and to know the facts, the arguments and the recommendations offered. Already many hospital nursing staffs, alumnae associations, and other nursing associations have organised study groups. This plan of organised study is working out very satisfactorily since it gives an opportunity for informal discussion. I would like to emphasize here again the importance of such groups studying the Survey Report as a whole and not to select only the part relating to a particular field of work. Each nurse should be well informed for her own information, and also to enable her to discuss intelligently the findings of the Survey, particularly with members of the laity with whom she comes in contact.

The third step is to interest the public in the facts presented in the Report and in the solutions suggested. An uninformed public is an uninterested public. Each nurse, in whatever field of work she is employed, has some contact with the community and can do a great deal toward interesting individuals. In all probability, each province will have a definitely planned publicity campaign, but this can never replace the efforts of the individual nurse.

The fourth step is to make a definite effort to inform the doctors of the existing conditions and to solicit their support. In any constructive plan the relationship of the nursing and medical professions must be carefully considered. This will, of course, be done officially through the organised professional groups, but we need in addition the support and sympathetic understanding of the individual physician.

I have left the most important suggestion until the last, as I wish to emphasize it more than any of the others. Our chief objective is to place nursing education on a proper basis, both from an educational and financial standpoint. This cannot be accomplished except through the co-operation of the boards of trustees in our Canadian hospitals. We can submit the facts for their consideration, present our recommendations for future development and necessary changes, but the definite action will depend on the decision of the board of trustees. That decision will depend largely on two factors: their approval or non-approval of the proposed programme, and their ability to undertake such a programme from a financial standpoint. In the first, that of securing the approval of the boards of trustees, the nursing profession will have to prove its case; in the second, we meet a situation with which we are all familiar, that of accepting the old ruling that nursing development must be curtailed through lack of funds in the hospital treasury. Ever since the beginning of nursing education the cost has always been thought of in connection with the hospital budget. There has been no separation of nursing education and nursing service. Our facts should be so presented that the boards of trustees will begin to question and to study the part the hospital should logically undertake in the education of the nurse and to what degree the financing of that education should be borne by the hospital. In other words, they may overcome that habit of long standing, the "school for nurses" habit, and in so doing give valuable assistance in placing nursing education where it belongs, on the same basis as all other branches of professional education.

In closing this introduction to the papers that follow in this session, I would like to emphasize and to put into words the feeling that has been slowly growing and gradually taking form in the minds of most of the nurses in Canada. The very fact that the Survey of Nursing Education, which we are discussing at this meeting, has been made and to a large extent financed by the nurses of Canada is unquestionable proof that this feeling exists all the way across the Dominion, from coast to coast. What is this feeling to which I refer? It is

the realisation on the part of all serious-minded nurses that the time has come when nursing education must receive the same consideration and assistance as is now so generously given to the educational programme of all other professions, many of which do not relate in such a vital manner to the welfare of the nation.

The thought I wish to leave with you is the fact that we, as nurses, have a right to be heard. Our problem is a national one, and we must provide the leadership in its solution. We cannot approach it in an apologetic manner and be assured of any success. We have been too passive and too prone to accept decisions not in the best interest of nursing education. All through the years, when nursing has gradually reached the chaotic state in which we find it today, we have accepted compromises, the benefit of which would have to be placed in all honesty to the advantage of the hospital. Let us unite in an effort to have some of the compromises on the credit side of nursing.

The Cost of the Student Nurse to the Hospital

By E. MURIEL McKEE, Superintendent, Brantford General Hospital, Brantford, Ont.

The purpose of this brief discourse is to endeavour to point out the many circumstances and conditions which affect the cost of the student nurse to the hospital, rather than to endeavour to establish definite items of cost. The Survey Report will be quoted frequently as many of the facts and findings contained therein are used as a basis for this discussion.

To discuss costs without consideration of values is futile. A request for the cost of any article is immediately met by a request for specifications as to quality required, inasmuch as costs are determined by certain definite factors: the cost of the raw material of an acceptable quality, together with the cost of properly producing the finished article, will give us the true cost. So with the cost of the student nurse, we must consider the qualities we require her to possess and the cost to the hospital of her education and maintenance. The Survey Report reveals the fact that estimates as to the cost of the student nurse to the hospital vary widely—scaling from statements to the effect that she is not a cost to the hospital but, on the contrary, an economic asset, to statements that she is more costly than the graduate nurse. Obviously there must be reasons for the wide variation of estimates.

Qualifications

The main qualities to consider in the student nurse are her intelligence, her health and her social and cultural background. Let us consider the relation of these qualities to cost.

Intelligence: The argument that the student nurse of low intelligence will cost more to educate than the student nurse of high intelligence is offset by the fact that the student of high intelligence will demand more education and better maintenance. The Survey finds: (a) That the larger the school, the higher the median intelligence quotient of the students (p. 202); (b) that the larger schools demand higher educational standards (p. 203); (c) that the larger schools provide more qualified instructors and devote more time to instruction than the smaller schools; (d) that the cost per student in the larger schools is higher than in the smaller ones.

A study of 33 hospitals with schools of nursing is illustrated in the accompanying chart, which contains data compiled from the Survey Report.

The costs, as indicated on the chart, B and C, have been estimated as follows: They are based on the value of the student nurse to the hospital as compared with the graduate nurse. One hundred and five superinten-

dents appraised the value of 1,739 students (p. 215). According to this rating, the average student nurse is about 55.5% as valuable to the hospital as the graduate nurse. Eliminating decimals and fractions, this means that 200 student nurses are the equivalent in value to the hospital of 111 graduate nurses.

The value of the graduate nurse to the hospital is arrived at by finding the amount of her remuneration from the hospital. The average gross income of the graduate nurse in hospital is $1,385.00 per year (including allowance for board, lodging and laundry while on duty). This data was obtained from 115 superintendents of nurses. A careful accounting (Form O in the Report, p. 458), based upon reports from the thirty-three hospitals (Chart D) shows that the net cost—the difference between the monetary value of the nurse to the hospital and the total cost of her education—differs in the three groups. That in Group 1 it costs $79.00 per year per student more to staff with students than with graduate staff; in Group 2, $108.00 more, and Group 3, $112.00 more. The figures in (c) have been computed as follows: One hundred and eleven (111) two hundredths (200ths) of $1,385.00 equals $769.00, the value of each student to the hospital.

Taking Group 1—$769.00, plus $79.00 (which is the loss to the hospital per year for each student), equals $848.00, the actual cost per student per year. Group 2—$769.00, plus $108.00, total $877.00; and in Group 3, $769, plus $112.00, equals $881.00.

The Survey reports that 2,280 students in 109 schools were given the intelligence quotient test (an I.Q. rating 100 indicates average ability or an average degree of brightness). The result of the tests was a discovery that 55% of the students were of a rating of less than 100 and that the average I.Q. for the whole group was 98.3. Are the 55% of students with an I.Q. of less than 100 the students we hear of as the economic assets to the hospitals? Quoting from the Report: "One conclusion is valid: these so-called students in the making were retained in spite of and not because of their intellectual calibre."

Health and Costs: While the Report shows that 92.8% of students accepted into nursing schools are required to have a physical examination prior to admission, less than 60% provide physical examination in the preliminary term, and only 18.6% in the first year, 15½% in the second year, and 6.9% in the third year (p. 175). It is logical to surmise that the student nurse in the school which provides thorough health examinations at regular periods during training, and further, attempts to correct physical defects found at time of examination, will be more costly to the hospital than the student in the school where these important considerations are neglected.

Social and Cultural Qualities and Costs: It is a foregone conclusion that students with good social and cultural backgrounds will expect to find in the nursing school an atmosphere compatible with former surroundings. ings.

Having discussed the qualities of the student nurses and their relation to costs, we now proceed to study the nursing school. Here we have two definite factors determining cost (a) education, (b) maintenance. Much stress has been laid upon the size of the hospital in relation to the nursing school. It would seem better to take, as a basis for discussion, those fundamental requirements essential to the efficient preparation of the student for her professional career. While Canadian nurses as an association have not as yet set an "approved" nursing school standard, yet there are definite essentials recognised as absolute requirements in the efficient training of the student nurse. If these requirements are adhered to, the student nurse as an economic asset to the hospital will soon disappear, and no doubt many nursing schools, large and small, will discontinue.

Education and Costs

Clinical Education: Sufficient clinical material to insure a well-balanced education in all the major branches of nursing is the first essential. Where this material is not available and affiliations are required, the cost must increase, e.g., because of the loss of the service of the student while she is away from the hospital, a larger number of students or added graduate staff will be required. Repetition of lecture courses and other educational work, lost by the student while away from the school, increase the load to the teaching staff. Then, too, there are travelling expenses and other incidentals.

CHART A

	Schools	Beds	Students Total	Students Average per school	
Group 1	9	Less than 50	102	11.3	No full-time instructors, very little teaching equipment, practically no library facilities (p. 462).
Group 2	15	50-75	349	23.3	Seven out of 15 schools had instructors, 35% more time devoted to instruction than in Group 1 (p. 464).
Group 3	9	75 and over	454	50.4	Six out of 9 schools had instructors; 50% more time devoted to instruction than in Group 2 (p. 464).

CHART B. Decrease in Cost to Hospital as a Result of Staffing with Graduate Nurses

Group 1	$ 79.00
Group 2	108.00
Group 3	112.00

CHART C. Present Cost

Group 1	$848.00 per student nurse.
Group 2	877.00 per student nurse.
Group 3	881.00 per student nurse.
General Average	869.00, or about $2.40 per day.

Value of student nurse to hospital as compared with graduate, $\frac{111}{200}$ of value.

Average income of graduate nurse, $1,385.00 (p. 107).

$\frac{111}{200}$ of $1,385.00 equals $769.00 (1) plus $ 79.00.

Therefore according to Group Classification

(2) plus $108.00.
(3) plus $112.00.

CHART D. Effect on Cost of Adequate Nurse Education

Group 1	$1,113.00
Group 2	1,027.00
Group 3	971.00

General Average, $1,037.00—$2.84 per day, or $167.00 per year.

Note: Group 1, with all facilities, would still be lacking in clinical material.

STUDY OF THIRTY-THREE HOSPITALS WITH SCHOOLS OF NURSING—CHART PREPARED FROM SURVEY REPORT.

Hospital Equipment: It is reasonable to assume that the cost of the student nurse to the hospital will be affected by the quality and quantity of the equipment of the hospital. It is most important to the education of the student that the hospital shall have adequate equipment to allow her to apply in her daily practice the exact procedures she has learned in the classroom.

Nursing School Staff and Costs: It is generally admitted that an adequate staff is a very important factor in the education of the nurse and has a very great influence on her cost. The minimum requirements are: superintendent of nurses, assistant superintendent of nurses, night supervisor, full-time, fully-qualified instructors in sufficient ratio to the teaching requirements of the students,

operating room supervisor, obstetrical department supervisor, and other ward supervisors in sufficient number to properly supervise the nursing service as rendered by the students; and other hospital or school staff, e.g., graduate nurses, ward aides, etc., to insure each student sufficient time during the day for rest, recreation and study; adequate clerical staff for nursing school is necessary to insure efficient administration. A sufficient number of doctors capable or willing to teach is an absolute essential. (The Report suggests that the doctors should be paid for teaching.)

Teaching Facilities of the Nursing School and Costs: A proper teaching unit is essential, including lecture and demonstration rooms, together with adequate teaching equipment, e.g., models, lanterns, charts, etc. A reference library for quiet study is an essential too often neglected.

Other incidentals worth consideration in the estimation of the cost of education of the student are graduation exercises, travelling expenses of the personnel to conventions, conferences, etc., postage and stationery supplies as used in the training school office and the class rooms. Referring to Chart A: Do not the 102 students in the nine schools in Group 1 and the 349 students in Group 2 require the same quality of instruction as the students in Group 3? (Note: We are told that the schools in Group 1 provide very little teaching equipment and practically no library facilities.)

Maintenance and Costs

The quality of the maintenance provided for the student nurse is a very important item and seriously affects costs. The social and cultural aspect of the nursing school plays almost as large a part in the preparation of the nurse for her professional career as does the academic and clinical education. Too little attention is paid to this phase of nurse training. The nurses' residence should possess an environment which will not only maintain in the student nurse those qualities which we required her to possess on admission, but which will further develop and add to these qualities so essential to her ultimate success. The residence should be furnished so as to provide physical and mental rest and recreation to the varied taste of the students. The planning of off-duty activities cannot be left to the fatigued students, but should be carefully planned by a competent person. The following are a few of the many things which affect maintenance costs: whether the student has a single room properly furnished, or whether she lives in a dormitory, the quality of the food and the type of food service provided, type of housekeeping and whether it is done by maids or by the student nurses, the weekly linen allowance, personal and house linen, type of care given in illness, and so on.

We have so far discussed costs as they were found by actual survey. Were all schools on a comparative basis of efficiency, giving adequate education and providing suitable maintenance, the cost of the student to the hospital would be something like this (pp. 467-468):

Group 1.....	$1,113.00
Group 2.....	1,027.00
Group 3.....	971.00

Note: Group 1, with all the facilities provided, would still be lacking in clinical material.

We have had in the past too many random statements about nursing costs. No doubt many hospitals, where they do analyse the cost of the student nurse, would be surprised to find that the figures would be quite contrary to their expectations. We have in the Survey Report sufficient reliable data to convince us that nurse education is costly. In those hospitals where it is admitted that the student nurse is a financial asset, we are forced to conclude the nursing service is supplied at the sacrifice of nurse education.

The Comparative Cost of the Student and the Graduate Nurse

By GRACE M. FAIRLEY, Superintendent, School for Nurses, Vancouver General Hospital, Vancouver, B.C.

Because of the almost entire lack of dependable statistics, either of the cost analysis of a school of nursing or a budget for the school, it is a difficult thing to come to any decision as to the comparative cost of graduate service or student service.

One cannot even take two hospitals with the same average occupied beds as a premise for argument as, unless these two institutions give an identical service; that is, a service to the patients, including equipment, scientific research facilities (which, in the case of the one with a school of nursing means the student's practical field work, which would include classroom equipment, number and type of instructors), it would be impossible to state with any degree of dependability that one was more economically run than the other, unless one was satisfied beyond question that the nursing care was also identical.

One hardly opens any hospital journal these days without finding some comments on the subject of reduction of schools of nursing, but as one writer states, "the pressure of present economic conditions is the reason for this discussion." Many of us have realised for years that we were graduating more nurses than could possibly be absorbed within the Dominion, and had our neighbours to the south closed their doors years ago as they have done now, we probably would have discussed this vital matter the last time we met in the Maritime Provinces—nearly twenty years ago—rather than now.

The only figures I can submit which would in any way answer this question are those taken from a small hospital of 60 beds, which ceased to have a school of nursing and from which I have received figures—fairly accurately kept—of the last six months that it had a school of nursing and the corresponding six months of the first year that it was manned with graduates. The service has always been good in this hospital, and it had (for its size) a well-trained, efficient teaching staff. The figures are taken from the government returns.

I have also worked out what it would cost to staff a unit in a general hospital with graduates and the same wing with students, which includes the percentages of charges against the school for maintenance, etc.

COMPARATIVE STATEMENT OF COSTS FOR SIX MONTHS, WITH AND WITHOUT SCHOOL OF NURSING—HOSPITAL OF 60 BEDS.

		Care of Patients	Housekeeping	Total Expenditures
September,	1930	$1,200.00	$1,202.19	$3,898.83
	1931	1,156.31	1,010.16	3,652.74
October,	1930	1,425.68	1,359.72	3,940.51
	1931	1,210.82	1,359.72	3,610.56
November,	1930	1,332.73	1,425.31	4,160.38
	1931	1,143.15	962.99	3,155.12
December,	1930	1,252.36	1,649.12	4,241.33
	1931	1,162.49	1,157.37	3,547.74
January,	1931	1,679.40	1,176.52	4,092.24
	1932	1,168.67	943.19	3,302.21
February,	1931	872.61	1,305.51	3,563.36
	1932	1,415.06	1,152.31	3,789.98

Total expenditure - - - - -	1930-31	$23,896.63
	1931-32	21,057.95
Average per month for six months,	1930-31	3,982.77
	1931-32	3,510.00
Days' treatment - - - - -	1930-31	6,416
	1931-32	7,052
Per capita cost - - - - - -	1930-31	3.72
	1931-32	2.98

In the case of the small hospital, the personnel as a school was: five graduates, fifteen students, two maids.

When staffed by graduates: eleven graduates, three maids, half-time porter.

Sickness incidence among students for this period was 397 days and among graduates 50 days annually.

You will see the reduction in the per capita cost of graduate service over school is 74c.

As the change was made with the same superintendent, who was essentially an educationist, I am assured that her figures and facts are sound and that the service would not suffer. She made the change with an open mind.

It was a little more difficult to arrive at the figures of the wing of the large institution:

Without school: 21 graduates, 4 maids. Cost $3.00 per capita per diem.

With school: 6 graduates, 17 students, 4 maids. Cost $1.71 per capita per diem.

There was a definite financial saving of approximately $9,887.85 per annum ($1.29 per capita per diem).

For a detailed cost account of a graduate and student service, however, I would refer the members to the financial and most comprehensive statement published in the April issue of the American Hospital Association Bulletin—vol. vi, number 4.

It gives a complete study of the expenses of the school of nursing of the Massachusetts General Hospital made by the auditors and accountants, and also shows in marked detail the expenses that could be eliminated if the school was discontinued. With this available authentic information, which would be invaluable for any institution working out a cost system for their school, it does not seem wise to take up our time here with statistics, however important and valuable they may be.

To return to the question of results, there is no doubt that a graduate service, well organised, does give better service to the patient. But as graduates must be trained and as no hospital of any size can rely on the product of any other hospital for its entire staff, it would appear that an appraisal of our needs should be made to see how many hospitals should have schools of nursing and how many students should be graduated.

In the summary made by the superintendent of the 60-bed hospital referred to, she states that besides the financial saving that:

1. There can be closer supervision of the smaller group of workers (that is, the graduate staff).

2. That the greater sense of responsibility, especially of hospital property, results in more economical use of all supplies, particularly patients' record forms, dressings, linen.

3. Less illness among graduate staff, with consequent reduction of relief staff and cost of care during illness.

4. A fluctuation of staff is possible with graduate personnel if or when there is a reduction of patients—keeping a minimum staff and increasing it with temporary staff when the need arises. The same applies to domestic staff.

In a small hospital when, as sometimes happens, there is a sudden lull, it is bad for the morale of the student group.

This superintendent adds that she must confess that they are giving a better service than when they had a school of nursing.

To sum up the findings of this discussion, which are based on fairly wide observation and sources of available information:

1. it is less expensive for a large hospital to have a school of nursing, even when the school is well equipped and manned by well-trained and sufficient personnel.

2. It is more expensive for a small hospital to have a school of nursing if the school has the necessary equipment and personnel.

The Budget System

By MABEL F. HERSEY, Superintendent, School for Nurses, Royal Victoria Hospital, Montreal, Que.

In the Report of the recent Survey of Nursing Education in Canada the Director recommends the budget system for schools of nursing. Up to date very few schools, if any, in Canada are administered on the budget plan.

Existing Situation

Schools for years have operated with student nurses giving service to the hospital in return for their education and maintenance, and it is necessary to make sure that this works out satisfactorily for both student and hospital.

In the opinion of the student nurse of today, her daily services to the hospital entitle her to the best education available, and the hospital's attitude is that it should not set aside from hospital funds money to pay for nursing education other than the amount necessary to care for sick patients. Therefore it seems that some plan should be worked out whereby the cost of nursing education is separated from nursing service.

Financing

The Survey Report recommends the state paying the net cost of educating the student nurse; that is, the difference between the total cost of her education and her monetary value to the hospital, but until the schools are put on a sound financial basis, with better organisation and a fair budget prepared giving to the school and hospital each their proper share of salaries and expenses incidental to one, or both, they cannot ask and expect to receive appropriations or endowments.

Another method of financing often suggested is for the hospital to pay the student for her services at a certain hourly rate, and in return expect her to pay for her tuition and maintenance; or, to have this sum for student services paid into the school of nursing budget, to be used solely to pay for the maintenance and education of the nurse.

Publicity

It is very important that the community should have definite knowledge of the cost of maintaining a nursing school, and what proportion of the hospital fund is not spent on the actual care of the patient. This is not really understood now except by those in possession of the facts. Nursing schools in preparing student nurses are making an enormous contribution to the health of the community, for which they are receiving, on the whole, little credit, and the hospital executives have been short-sighted in not giving the public more information as to the value of the hospital as an educational centre.

Today we are dealing with the question of whether the school of nursing needs, in the interests of nursing education, to be freed from hospital control. Hospitals have been satisfied to conduct these schools as long as they were assured the outlay for the education of the nurse would not exceed the returns in nursing service, but whatever financial returns are gained for the hospital by student nurses should be returned for the benefit of education.

The nursing needs of the patient and the educational needs of the nurse are one, and must remain so. There cannot be good nursing experience and instruction except in the presence of good nursing care.

This is a critical period in nursing education, but by working together, surveying the whole field in a broad way, and facing the facts honestly and fairly, we may hope to arrive at the needs of the nursing service; the work which the nurse is expected to do; the kind of preparation she needs; and the best way of preparing her.

The Need of a Budget

Whether it is desirable in all cases to develop budgets in schools of nursing is sometimes questioned, but every hospital should be in a position

to state what part of the expenses of the hospital as a whole should be charged to the nursing department.

Almost without exception nursing schools have no independent funds and no income of importance outside of the estimated earnings of the student nurses, and hospital and nursing accounts are so involved that it is almost impossible to separate them accurately.

Budget

Budgeting is a process of gradual development, and takes hold as a habit only when its benefits are understood by those whose activities are affected. The object of the budget is to obtain, in advance, a comprehensive idea of the estimated annual cost of operating the school. It enables the administration to make plans in advance for the year's financial obli-

COST OF MAINTENANCE AND EDUCATION OF THE NURSE IN TRAINING

"A"—Maintenance:		
Fixed Charges:		
(a) Interest on capital	$33,500.00	
(b) Allowance for depreciation, 1% per annum	6,700.00	
		$ 40,200.00
Annual Budget of Current Expenses:		
1. Repairs, replacements, etc.	$ 1,609.00	
2. Heating	1,395.00	
3. Lighting	1,535.00	
4. Fire insurance	560.00	
5. Telephones	87.00	
6. Linen supplies	1,209.00	
7. Cleaners and cleaners' supplies	744.00	
8. Laundry	2,028.00	
9. Food	31,500.00	
10. Allowance (students)	14,400.00	
11. Illness (hospitalisation)	4,860.36	
12. Supervision (housekeeper and maids, nurses' home)	4,650.00	
13. Maintenance of above	2,460.00	
		67,037.36
Total cost of maintenance of 150 nurses for one year		$107,237.36
Total cost of maintenance of one nurse for one year		714.91
Total cost of maintenance of one nurse for one year, eliminating fixed charges		446.91
"B"—Education:		
1. Salaries of full-time instructors		$ 3,730.00
2. Percentage of Salaries: Superintendent of Nurses and Assistant Superintendent of Nurses (½ of 4) Supervisors and Head Nurses (1-5 of 36)		7,256.53
3. Classroom supplies		450.00
4. Postage, stationery and printing		250.00
5. Graduation expenses		300.00
6. Diplomas and pins		723.25
7. Calendars		143.00
8. Taxis		75.00
Total cost of education of 150 nurses for one year		$ 12,927.78
Total cost of education of one nurse for one year		86.18

Summary

"A"—Cost of maintenance of 150 nurses	$107,237.36
"B"—Cost of education of 150 nurses	12,927.78
Total cost of 150 nurses for one year	$120,165.14
Cost of maintaining and educating one nurse for one year	801.10
Cost of maintenance and education of one nurse for one year, eliminating fixed charges	533.10

gations and to curtail or expand as conditions may warrant. It serves as a comparison for present and future operations. It provides for flexibility of adjustment according to needs. It should enlist to the greatest possible extent the interest of executive subordinates in preparing estimates affecting the work.

The book-keeping methods of the hospital should be so arranged that monthly or periodical trial balances may be taken out and compared with the estimated figures of the budget.

Briefly, the operation of a budget system involves what items should make up the running expenses after allowing for any income received as endowment or from any other source which has been specifically pledged for the training school activities only.

As the first step in solving the problem of costs is the preparation of an annual budget, the following outline has been prepared showing, first, a budget of current expenses, and, second, the estimated cost of educating the student nurse for one year:

The following recommendations are presented for consideration:

1. That the Canadian Nurses Association communicate with the boards of trustees of all Canadian hospitals conducting training schools for nurses with the following suggestions:

(a) That the board of trustees study the Report of the Survey of Nursing Education in Canada, especially those sections dealing with the education of the student nurse;

(b) That each hospital undertake a definite study of Nursing Costs within its own institution, with a view to estimating and comparing the cost of Nursing Education and Nursing Service;

(c) That the board of trustees co-operate in working out a uniform method of cost accounting for use in all hospitals conducting training schools for nurses and in placing the training school for nurses on the budget system;

(d) That the board of trustees definitely study the curriculum of the training school for nurses in order to estimate the extent to which the programme of Nursing Education definitely benefits the Nursing Service in that individual hospital;

(e) That after definite knowledge of the actual cost of Nursing Education and Nursing Service is available, the board of trustees co-operate in an effort to secure governmental subsidy for the net cost of Nursing Education, which is given in the Survey in the following terms, "The net cost of educating student nurses is the difference between the total cost of her education and the monetary value to the hospital of her services;

(f) That the board of trustees be notified of the appointment in each province of the Provincial Joint Study Committee and their interest and co-operation solicited.

Financial Aid from Government for Nursing Education

By ELIZABETH SMITH, Normal School, Moose Jaw, Sask.

Quoting the Survey, "As in the case of the normal school for training student teachers, the net cost of training student nurses should be defrayed by the provincial government."

In many instances throughout the Report the Director has compared the nurse in training with the teacher in training. What are some of the points in the comparison.

1. The educational entrance re-

quirement of the teacher in training is a minimum of grade XI or three years of secondary school, while preference is given to those holding a grade XII (four years) certificate. The prerequisite for the nurse in training is left with the individual hospital. Many hospitals now require an entrance of at least grade XI. We know, however, that there still are hospitals admitting students with a lower educational standing. (We know, too, that provincial regulations in many cases require no more than at least two years of high school, which allows for many loop-holes.)

2. The instructors in teacher-training-schools are properly qualified teachers. The school is subject to inspection and supervision by the Department of Education of the province. The work of the teacher after she leaves the teacher-training-school is also inspected before that teacher is granted a permanent certificate: that is, she is serving an internship.

The instructors in many schools of nursing are individuals who have no special qualifications in teaching apart from their hospital training.

3. The elementary and secondary schools serve as laboratories in which teachers-in-training perform experiments. The hospital serves as the laboratory for nurses-in-training.

From the point of view of service the two professions are very similar: the teacher serves the whole province; the field of service for the nurse is not only the local community in which she has been trained, but the whole province and beyond.

The teacher serves the province and civilisation in caring for the health and development of the mind and body of the child. The nurse serves civilisation by caring for the health of the mind and body of men, women and children. From an humanitarian point of view, the types of service are much the same.

A student entering normal school is required to pay an entrance fee, in some provinces, fifty dollars. This in no measure covers the cost of training the student. The remainder of the cost is borne by the provincial government.

Taking into consideration the maintenance and allowance given the nurse in some cases and the material value of her nursing services to the hospital, it has been reckoned that the cost to the hospital per annum of training each nurse is one hundred dollars. This cost is borne entirely by the local community.

By the British North America Act, education was placed under the jurisdiction of the province. The elementary, secondary, normal and technical schools, as well as the provincial university, are assisted by the provincial government. The provincial Department of Education is responsible for the curricula, inspection and financial support.

Why should the training of the nurse be practically the only phase of education in a class by itself, in that there is no state control or assistance in connection with the curriculum, qualifications of instructors or financial assistance?

Quoting the Report again:

"The adequate education of the nurse, as of the teacher, is a national enterprise entailing national obligations which should not be saddled upon the local community."

It is only reasonable to expect that a government giving financial aid to an educational institution would expect some jurisdiction in regard to inspection and the standard of training maintained by the institution. A government failing in this would be considered lax.

We might expect all students entering a training school for nurses to be required to pay an admission fee.

The school would be staffed with properly qualified instructors; that is, instructors who have not only a knowledge of the work which they are teaching, but an understanding of the principles of psychology and the philosophy of education.

There would be a staff of medical instructors, who would receive suitable remuneration, instead of a group of volunteer workers lecturing in spare time.

The school would be insured inspection and supervision, which would keep the standard up to that of the best educational institutions.

Such supervision, efficiently organised and conducted, would improve and be in the best interests of nursing education.

We should expect a government giving financial assistance to ask for

1. An approved school for nurses.

2. Definite inspection and supervision of schools for nurses.

(The Survey Report offers the opinion that such inspection of training schools for nurses should be under the control of the Provincial Council of Nurses, working in conjunction with the Public Health Departments, etc.)

Those who are opposed to financial aid from the government for nursing education may offer the opinion that such aid might be accompanied by a handicapping political interference. Such is not true in the case of the training school for teachers. Nor is this true of the hospital receiving annually a grant from the government for patient maintenance. Why then should such a condition be feared in the case of the training school for nurses?

Suppose for the present that we were granted financial aid from the government for our training schools for nurses. What effect might we expect this to have upon the training school? As has been pointed out before, if the school receives financial aid from the government it will be under the jurisdiction of the government. The school would of necessity be financially apart from the hospital.

We should expect, then, that all schools for nurses would be of the approved type. This would include all hospitals which, because of limited facilities, are unable to give a well-rounded-out and adequate training.

It would mean that an approved school for nurses would exist for educational purposes. The hospital would serve as the laboratory for the school rather than that the school would exist in order to provide nursing service for the hospital.

There would in all probability be no more training schools for nurses than there are training schools for teachers.

Financial aid from the government would mean that there would be a uniform academic entrance requirement.

Again, to quote from the Survey Report:

"From the viewpoint of public policy and the moral and economic obligation of the State, the approved training school for student nurses should be placed in the same category and be entitled to similar financial consideration as the training school for student teachers. Nursing education should be considered an integral part of the state educational system."

THE ANALYSIS OF THE COST OF NURSING EDUCATION

Resolutions adopted by the Canadian Nurses Association following the presentation of papers, with discussion on The Analysis of the Cost of Nursing Education, The Survey of Nursing Education in Canada, are:

1. That the C.N.A. communicate with the boards of trustees of all Canadian hospitals conducting training schools for nurses, with the following suggestions:

   (a) That the board of trustees study the Report of the Survey of Nursing Education in Canada, especially those sections dealing with the education of the student nurse;

   (b) That each hospital undertake a definite study of nursing costs within its own institution, with a view to estimating and comparing the cost of nursing education and nursing service.

2. That the board of trustees be notified of the appointment in each province of the Provincial Study Committee, and their interest and co-operation solicited.

The Nutritionist and the Home

By MISS MARJORIE BELL, Nutritionist, Victorian Order of Nurses for Canada, Montreal, Que.

When the world today is worshiping science and "Facts" it seems strange that even among the best educated there should be almost universal disregard for the facts that science has established on nutrition. An incident in a restaurant well illustrates this point. Two fourth-year university students were overheard ordering—they chose steak, potato chips, chocolate cake, whipped cream and coffee, "Now that," said one, "is what I call a real meal." On other subjects these students would adopt almost any belief or attitude rather than be thought unscientific or behind the times, yet no meal would be considered much less of a real meal by science than the one they chose. If people who have had such educational possibilities are so ignorant what can be expected of others? This is the situation that we face. Science with a tremendous fund of knowledge which shows the relation between nutrition and health, and as Sherwin says, "In 20,000,000 homes of America a complacent tolerance for food abuses that sap the stamina of the race."

The biggest health problem of today is to make nutritional knowledge function in the lives of our people. Three world famous men in lectures given during the past year have stated what they consider would be the results if we could do it. One could quote equally effectively from Dr. Edward Mellanby when he gave the Sir Charles Hastings' lecture, from Sir Gowland Hopkins, President of the Royal Society, or from Dr. Kinlock, Chief Medical Officer of Scotland. Dr. Kinlock in his report says: "The new knowledge of nutrition has revealed what constitutes an adequate diet for the expectant mother if her child is to develop properly during pre-natal life and how inadequacy at this period prejudices permanently both growth and health. It has shown how, owing to a faulty diet, the breast milk of the nursing mothers of the industrial classes is deficient in the mineral elements requisite for the growth of healthy infants. It has revealed the direct relationship that exists between mental alertness and an adequate diet for the growing child. It has shown how the incidence of dental caries in the community is dependent mainly on deficiency of vitamine A and vitamine D in the diet during pre-natal and post-natal life. It has demonstrated exactly how the prevention of rickets is dependent directly on the presence of activated ergosterol (vitamine D) in the diet or on the activation of the ergosterol in the skin by ultra-violet rays from the sun or from therapeutic lamps. Similarly it has shown how xerophthalmia, polyneuritis (beri-beri), scurvy and pellagra are diseases due to vitamine deficiency, and that miner's cramp, simple goitre, and the anaemia of childhood are disorders due to mineral deficiency. Of even greater moment it has shown that the immunity phenomena concerned with bodily resistance of the whole range of infectious diseases from common colds to streptococcal infections are dependent on the adequacy of the diet in relation to vitamine A and mineral constituents. In modern therapy, also, diet has taken the place of drugs as the basic requirement of treatment.

All this and much more the new science of nutrition has revealed. It is a highly technical branch of medicine requiring trained nutritionists for its practitioners. All this

(Read at the Bilingual Conference, Canadian Council on Child and Family Welfare, Montreal, April, 1932.)

newer knowledge is ready and crying aloud for application to practical living—and there is not a single nutritionist in the service of the local authorities. The local authorities instead continue to extend their hospital provision for wasting babies; to treat rickets with radiostoleum or therapeutic lamps; to provide increasingly a dental treatment service for mothers, children and the adult insured population; to augment the diet of mothers, infants, and growing children without guidance from the expert nutritionist; and to provide guidance from clinics and hospitals for the wide range of children's diseases, infectious diseases, tuberculosis, diabetes, and other illnesses whose prevention and control find in a modern nutritional service their fundamental basis.

Can a better illustration be obtained of the waste of effort and money, of the preventable dishealth, disease and death that result from a health policy that ignores the achievements of biological research and fails to seek inspiration and guidance from a biological ideal?

To realise the need for this "Modern Nutritional Service" that Dr. Kinlock speaks of one must visualise the change that has taken place in our method of selecting food. Till very recently the food of most people has been decided far more by circumstances than by choice. In the past some races have been well fed and have had excellent health just because they lived in an environment naturally providing a balanced diet. Such conditions prevail now only in a few isolated areas. Transportation, refrigeration and manufacturing have entirely altered the situation. Foods are interchanged over the whole world. Factories take these foods and put them through processes which finally give them to the public infinitely altered in appearance and value. While there is the possibility of choosing, on even limited income, almost any type of food, actually, many powerful forces operate to direct buying and the direction is from the point of view of commercial profit not health formation.

Clever advertising sells products of little nutritional value. Bargain sales get rid of surplus stock. Many restaurants offer "specials" which give an ill balanced meal. Candy and pastry shops tempt the hungry on their way home. People are choosing too much the highly flavoured meats, the tempting, easily served white flour desserts, the appetite satisfying sweets. Whole grain cooked cereals are replaced by those so refined that they can be stored indefinitely ready to eat in packages. White bread is used instead of whole wheat. Milk and foods combined with milk seem flat and unattractive. They take time and trouble to prepare. Vegetables are used in small quantities. They are usually overcooked and have most of their flavour and minerals boiled into the water and thrown down the sink.

The result of all these influences is a diet not sufficiently deficient to bring about startling immediate results, but which when eaten over a long period is responsible for such defects and diseases as those referred to by Dr. Kinlock.

If we could have scientific knowledge guide our choice there would be the greatest opportunity for health ever known to the world.

All organisations working for public health need a nutritional service definitely aiming to spread abroad this knowledge. Left as a side issue of other services it will be neglected. Wherever prevention can be stressed nutrition has a place. It needs far more emphasis than it is getting at the present time, and the ultimate aim of every policy should be to have it taught in the schools. Why should education on such a subject be left to the chance contact with some social agency? There is no question but that it affects each and every one of us all through our lives. Constantly new discoveries are being made and details changed, but there

are well established fundamental facts that everyone should have. The theory of nutrition is not a subject which concerns girls and women only, it is equally needed by boys and men. Women are more largely concerned with spending money for food and in cooking it and should have special instruction on both these subjects. Much could also be done in schools to help little children form the right habits of eating.

At present it seems necessary to especially refer to the need for a nutritional service in all organisations supplying food to the families of the unemployed. When the money available is, as it usually is, below even the minimum necessary for maintenance, it seems unnecessarily cruel to leave the selection of the food bought to choice which is unguided by knowledge of values, for with the same sum of money tremendous variations can be made. Surely we should use science to prevent as much as we possibly can of the permanent harm which is going to be the result of this period.

Apart from the suffering and unhappiness caused by ill health there is the economic aspect. Dr. Mellanby stresses the fact that the results of a poorly balanced diet are costing our country millions of dollars annually and that most of this cost could be wiped out by proper education. It is of course always difficult to get people to see the value of preventive programmes. Cure is so much more spectacular.

Another difficulty to be overcome is that of workers for a nutritional service. Our universities are graduating many with the theoretical knowledge of the subject, but very few opportunities have been given in Canada for them to get the practical experience which is absolutely necessary, if the most effective methods of teaching in each organisation are to be discovered. Much pioneer work will have to be done and many mistakes will be made, but nothing will ever be accomplished unless there is a beginning. The biological staff of the universities can be of tremendous value in keeping policies to sound scientific principles, and away from fads.

Sir Charles Hastings, in a lecture given on Sanitary Science in 1864, closed with words which exactly apply to our present situation in regard to nutrition. He says, "But whether England herself has the wisdom to walk in this way, and whether others follow or not therein, be assured that in the observance of these immutable principles the permanent prosperity of states is bound up."

CANADIAN NURSES ASSOCIATAION

By the time this issue of the *Journal* reaches its readers the National Office of the Canadian Nurses Association will have been transferred to Montreal. In future the address of the Canadian Nurses Association and *The Canadian Nurse* will be 401 Crescent Building, Crescent and St. Catherines Street West, Montreal, Que.

Community Needs in Nursing

By Dr. A. T. BAZIN

On January 28th last I had the privilege of speaking before the Association of Registered Nurses of the Province of Quebec. On that occasion I attempted to present an abstract of the Report on the Survey of Nursing Education in Canada. I believe that your appetites were whetted for more, and that you were stimulated to obtain and carefully study the Report, which has been available to you for now some weeks.

Tonight I propose to submit some conclusions of the Report to a critical analysis, with the hopeful expectation of our deriving some benefit therefrom.

You are all graduates of some training school for nurses, and I will assume that you are loyal to that school, that you consider it the best school in existence, and that you will do all in your power to improve the standing and prestige of that school.

But you are now out in the world. Your school gave you training and education as a nurse, but can neither ensure your success in that field nor even guarantee employment. Success, both professional and material, depends upon your own efforts, individual and collective.

Moreover you are members of a "profession." The Report (page 51) defines a profession as an "occupation which has a long-continued and rather definite preparation, and has developed a standard of good conduct, basing its work on the service idea rather than on money."

The word "service" immediately brings into the foreground the patient and the community as the object of that service. The first and final analysis of all the problems of the Nursing Profession must consider the needs of the community as of principal importance; all other considerations are subservient thereto.

Therefore this discussion will be developed in the following manner:

1. What are the needs of the community as regards nursing:
2. What training and education are essential to produce a nurse who meets those community needs?
3. What organisation is required to ensure to the community an adequate supply of the educated nurse?

1. The nursing service needs of the community:

I think it is essential that this question be clarified by defining, for the purposes of this discussion, the term "nurse" and "nursing."

The "nurse" is one who cares for the sick. In the French language the term "garde-malade" definitely states the objective of her service. Because the nurse in the past has been the one individual in the community best fitted by her training to undertake for the state, and economically for the state, duties of health inspection among school children, and of health education in communities, we have evolved the terms "school nurse" and "public health nurse." As the Report suggests, the latter might better be called "public health teachers."

A very well ridden phrase is that "prevention is better than cure," and the Survey on Nursing Education stresses in Chapter Three the urgent need of the communities in Canada of a much larger force of public health nurses. While striving for that Utopia where all disease will be prevented, we must maintain our equilibrium and recognise that the sick are now with us and must be nursed back to health.

Moreover, prevention and care go hand in hand. The well must be prevented from getting ill, and mildly ill must be prevented from getting seriously ill, and the seriously ill must be prevented from dying.

(Lecture given under the auspices of the Montreal General Hospital Alumnae Association, April 7, 1932.)

What, then, are the nursing service needs of the sick of the community? There are all degrees and grades of severity of illness. Some patients require the constant care, night and day, of an experienced and skilled educated nurse. Some patients require the attention for but an hour or two at stated intervals throughout the day, and for the remainder of the time someone to fetch and carry. Others, whose mental anxieties for one or other cause are greater than their physical disabilities, need an intelligent companion, or a supervisor of the household, or perhaps restraint by a physically and mentally competent watchman or watchwoman. We must recognise all these "needs" and many more which I have not enumerated.

We must also recognise that the graduate nurse cannot and should not be expected to meet all of these demands. In my opinion, there is very definitely a place for the practical nurse, the trained attendant or some such individual, call her by any name you wish.

But the need, and the demand, for the properly selected and properly educated graduate nurse is one which is dependent not solely upon the ability of the patient to pay the charges but because the graduate nurse can render a service which cannot be rendered by any other group.

One of the problems which confronts us is how to provide the needed graduate nursing services to those unable to pay. Certainly not by reducing the remuneration of the graduate nurse.

Perhaps some of you can remember with me the early days of the Victorian Order of Nurses for Canada. Prior to that time there were charitable organisations carrying on district nursing to a greater or less degree and more or less as a sideline to their other praiseworthy activities. Their district workers were almost altogether practical nurses. From personal experience I can testify to the devotion with which they carried out their duties. More particularly can I recall the phenomenal work of Miss Frizzell of the diet dispensary.

In very few years the nursing work of these organisations was supplanted by the Victorian Order. Why? Because the people, and the doctors, recognised that they could get better nursing service from the graduate nurses of the Victorian Order than from the practical nurses of the other organisations. At first, the Victorian Order limited its attentions to the poor, making no charge or a nominal one of five, ten, fifteen cents per visit. But the demand for the services of these nurses spread to those who could pay more, could perhaps pay the fees for the full time of the graduate nurse of those days. And the V.O.N. was therefore compelled to arrange a schedule of prices to meet these demands. In these days of apartment houses and flats, the demand for this type of graduate nursing service is definitely on the increase.

Now, is this not hourly nursing, against which we find arrayed such an opposition?

If properly organised and controlled by the registries, I am convinced that hourly nursing would be a big success, advantageous to the nurses and welcomed by the community. But a system of hourly nursing necessarily predicates the recognition and employment of some other class of attendant. The bedridden patient cannot fend for herself in the intervals between the periods of hourly nursing. The ordinary, not essential, nursing needs of the patient must be met by an aide who is constantly on call. In some instances this need is met by the kindly neighbour, in other instances by temporarily employed domestic help, or by the practical nurse or the trained attendant.

Transfer the patient to hospital. She may be very ill and require the entire attention of a graduate nurse night and day. On the other hand, she may require essentially nursing services for only comparatively short

periods throughout the day. In the one instance special duty nurses are required, in the other instance the floor duty nurses assume the whole care.

Is not this latter group nursing? When an attempt is made to more systematically organise group nursing as applied to private patients in hospitals we see a powerful nurses' organisation passing resolutions condemning the scheme as against the interests of the nursing profession! I venture to predict that because of the searching revelations of the Survey such resolutions will not be upheld by any nursing organisation in Canada, and probably least of all by the association which originally approved them.

But group nursing in hospitals again predicates the employment of an increased number of nurses' aides or ward helpers to fetch and carry. This plan has already been adopted by many of our hospitals to assist in the care of patients in the public wards, the nursing of which is essentially a group nursing.

It may become advantageous to train these aides and to grant them a certificate. Then they would become available for similar work in the homes. Trained in the atmosphere of the hospital and taking their orders from the nursing staff, they would naturally fit into the scheme of hourly nursing where again they would take instructions from the graduate nurse.

I have thus presented two schemes to meet community needs which could be put into operation by the nursing profession themselves.

The Survey presents another scheme, viz., Socialised Nursing.

Now there is apt to be a great deal of misconception and therefore misapprehension about socialised nursing services just as there is much confusion about interpreting the term state medicine. Already we have a good deal of socialised nursing, in industrial communities, in private schools, but best exemplified in the Victorian Order. Nurses are engaged on a fixed salary and nurse those patients to whom they are sent.

The Survey Report suggests a parallel as between socialised teaching and socialised nursing, the state bearing the same relation to both as regards entrance qualifications, supervision of training and education, registration, control of activities, and in return, an assured income, sick benefits and retiring allowance.

This is a scheme which will require much study. There are many hurdles to be taken before the goal is reached. Moreover, the nursing profession of themselves cannot inaugurate any such plan. In fact, my advice, if asked, would be for the present to concentrate your study upon evolving such plans to meet the nursing needs of the sick of the community as are entirely within your own power to consummate.

2. What training and education are essential to produce a nurse who meets those community needs?

This is, of course, the province of the training school. But, as I stated before, you are all graduates of some training school and I am sure your considered opinion will be eagerly sought.

Of first importance is the selection of the raw material. The chapter on Intelligence of Student Nurses is illuminating though also disheartening. Therefore the Survey emphasizes the need of intelligence and preliminary education as requisite qualifications for admission to training school, and sets the minimum as junior matriculation or its equivalent. In other words, not only is it necessary that the complete high school curriculum should have been taken, but the applicant must have been successful in passing the examinations to obtain either a school leaving certificate or matriculation into university.

In accepting this as a minimum qualification, present-day standards must be considered. It is today much more easy to obtain a high school education than it was a generation ago. Of equal importance to intelli-

gence and education is, in my opinion, personal aptitude. I have been forcibly struck by the number of nurses, pupil and graduate, who are apparently misfits. Possessed of good educational facilities and presumably of normal intelligence, they yet fail to appreciate the necessity of nursing the patient rather than the disease. Probably the "system" is at fault, but we want nurses who can on occasion rise superior to the "system."

And because I believe personal aptitude is so essential a qualification and that this can be ascertained only by contact with the patient, I am entirely opposed to the suggestion that a period of instruction outside the hospital should be the first part of the training. During the period of probation the student nurse should repeatedly come in contact with the patient. Decision can then be made, by herself or by those in authority, as to whether she is a square peg in a round hole. Much grief to all concerned will thereby be avoided.

It is not my intention to draft a curriculum. But I think we must remember that we are considering the nursing needs of the *sick* of the community, and I believe that training schools of hospitals are primarily interested in educating their student nurses to that end.

Whether the graduate, with or without post-graduate experience in nursing the sick, decides to go into some other branch is not the concern of the training school nor should it influence the shaping of the curriculum. The special training for special spheres of activity should be the concern of post-graduate studies. But the training school curriculum should embody more than perfection in technical duties; there should be in addition a real education in the principles underlying the application of these technical skills.

Moreover there should be inculcated in the students a realisation that it is the patient—a human being—who is to be nursed back to health: health of mind as well as of body. Therefore the curriculum must embrace the fundamentals of psychology, of sociology, of preventive medicine or public health, for every graduate nurse in her sphere of influence is and should be looked upon as an apostle of health.

The Survey forcibly draws attention to the criticism that our student nurses get too much theory. But the Survey rightly points out that the fault lies in too much theory of the wrong kind. Practice is but applied theory, and intelligent practice requires an understanding of the related theory.

The curriculum is overcrowded. There is too much teaching and too little opportunity for learning—and learning is the basis of education.

I believe that the first important step is to put our student nurses on an eight-hour day. Next, to rearrange the method of instruction so that non-essential details will be deleted from the curriculum. Finally, to demand from the students a knowledge derived from study and contemplation. Progress in her education should be tested by examination, and graduation and diploma would depend, not upon the period of time spent within the hospital walls, but upon her mastery of the subject according to the standards of the individual school.

When I advocate an eight-hour day for student nurses I do not extend that to graduate nurses. Like Medicine, the profession of Nursing is an arduous one, and will always be so.

If a young woman takes up Nursing simply as an occupation and not with the idea of service, she will utterly fail, and the service ideal which characterises the members of a profession knows no trades union limitations of hours of energy expended.

The primary responsibility of the training school is to educate its students, and this cannot be adequately accomplished with young women physically and mentally wearied with long hours of duty. With such an arrangement it will easily be seen

that hospitals would have to employ more graduate nurses in order to properly care for the patients. Now, such an educational plan costs money, and this cost should not be saddled upon the patient. Hence the recommendation of the Survey that the net cost of educating student nurses should be a charge on the state just as is the net cost of educating student teachers.

Just a word about the small hospital training school. Chapter Twenty-three (Some Comparative Costs) covers that question sufficiently. None of the arguments put forward by the advocates of the small training school are of much weight if one accepts that the purpose of the training school is to educate the graduate nurse. The best plan for the elimination of the small training school is to demonstrate that the cost of nursing with graduate nurses and ward helpers is less than that of running a proper training school.

3. What organisation is required to ensure to the community an adequate supply of the educated nurse?

Perhaps this question is superfluous at this time of unemployment among graduate nurses. So let us consider this point first. It must be remembered that unemployment among nurses was acutely felt in 1929, one year before the general financial depression became apparent. Therefore, though we may confidently look forward to the restoration of normal conditions in general prosperity, it must be conceded that the correction of unemployment among nurses will not necessarily result.

In Chapter Four the Survey states the reason for this unemployment. Over-production of graduate nurses: an increase of 300 per cent. during an increase in Canada's population of only 22 per cent. is entirely to blame.

It matters not that many of the 30,000 registered nurses, and 3,000 graduate nurses not registered, are below the desired standard; they all compete under the present system of registry, whether it be professional, alumnae, or hospital registry.

To be quite frank, I cannot foresee how the community can possibly absorb all of this number for some years to come. Even though all the training schools reduce their classes by one-half and the hospitals employ more graduates for floor duty, even though many of the smaller hospitals decide to abandon their training schools, it will be three years before the full effect of these changes is appreciated.

In the meantime, is there not a possible danger that the pendulum may swing to the other extreme, that young women of intelligence, noting the plight of so many unemployed graduates, will hesitate to enter upon a nursing career and the training schools will find themselves unable to fill their classes with suitably qualified candidates?

The Survey points out that improper distribution has something to do with unemployment, that many nurses in the larger cities are idle while patients in the rural districts are unable to secure graduate nursing services.

The Survey also suggests two methods by which not only unemployment among nurses will be alleviated but by which also the community, the whole community, will be better served.

These suggestions are:

1. A reorganised Registry.
2. Socialised Nursing.

But neither of these suggestions will solve the problem of an oversupply of graduate nurses. The reorganised registry cannot create patients, and the state under a scheme of socialised nursing will most certainly not enroll a surplus staff. But both of these suggestions point primarily to better service to the community, and secondarily to the improvement of conditions for the nurses.

With reorganisation of the registry you can immediately get busy. A careful study of Chapter Fourteen

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will suggest the modifications which you may consider as at first advisable and those which will later evolve.

There are certain essential requisites:

1. A committee to assist and uphold the registrar.
2. A definite understanding of fair play as between the registrar and the registrants, but equally between the registrants and the registrar.
3. The registration of all those who care for the sick for hire.

Such a registry will certainly get the support of the community and of the medical profession.

I have tried to present some of the problems. I fear I have done so very badly. I have perhaps taken the part of the "Devil's Advocate" in dealing with the question from the point of view of the community, instead of approaching from that of the nursing profession. Possibly that is why my utterance has been so halting and undecided.

In concluding, I am prepared to reaffirm some opinions on these nursing problems which I formulated and openly expressed from time to time during the past half dozen years. I realise that there is some hardihood in so doing in the face of the sweeping denunciation in the Survey of opinions as against deductions from factual data.

In the words of Lord Moynihan, "Statistics may be made to prove anything, sometimes even the truth."

I fully acknowledge that the information gleaned by the Survey has modified my views in certain detailed respects.

But I still hold to the following fundamentals:

1. That the education of the nurse to intelligently care for the sick is the essential job of the training school.

2. That the needs of the sick of the community should be the measure indicating the type of instruction required, the content of the curriculum and the duration of the course.

3. That the status of the profession, in the opinion of the public and in the eyes of prospective pupils, will be in proportion to the type of service rendered, and not due to any artificially produced university standing or other padding.

4. That training for special activities should be post-graduate instruction, and that these objectives should not influence the basic curriculum of the training school.

5. That the ranks of institutional nurses should be recruited from the members of the successful private duty nurse group rather than from the class recently graduated.

6. That bedside instruction is more valuable than class-room instruction and should be continuous, and undertaken by each and every staff nurse.

7. That the nursing profession has not, and never can have, a monopoly of the care of the sick, and must recognise the "nurses' aides," called by one or other name.

8. That a central registry, under the control of the Nursing Association, and enrolling all classes of attendants on the sick, would be of distinct benefit to the community and of advantage to the good graduate nurse.

Finally: The Survey in Chapter Four states that "it is manifest that the nursing profession in Canada has evolved in somewhat sporadic fashion. Should its future evolution be more systematically and deliberately controlled in meeting the needs of the community?"

I wish to emphasize that the word used is "evolution." With some, I might say many, there exists the idea that because of the Survey Report there is imminent a "revolution" in nursing.

This would be a fatal mistake. Although it may appear that the nursing profession has developed in a sporadic fashion, it cannot be denied that it has developed, and within a comparatively few years, to something noble and grand.

"Hold fast to that which is good."

Environment—The Part it Plays in the Development of Personality

By Mrs. W. T. B. MITCHELL, B.A., R.N.
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What is personality? Is one born with a personality or does one gradually achieve it? Are some people born with pleasing personalities—sweet-tempered, self-reliant, sympathetic, socially-minded? Are others born with disagreeable ones—unstable, dependent, distrustful, egotistical—or are all made so? If personality is a gradual development, what are the factors that determine the sort of individual produced?

These questions are of vital concern to everyone, and especially to those who control the guidance and education of young children. Let us see how they can be answered.

A careful analysis of what we mean by personality reveals it as the sum total of the habit systems of thinking, feeling and doing. These habit systems are not inherited, as such, but are gradually established in reaction to environment and training, but also in accordance with individual and social hereditary limitations. Modern scientific research has established the fact that every individual inherits a unique set of genes or potentialities for the development of characteristics. What the thinking, feeling, doing individual, as a whole, shall become—in other words, what sort of personality is developed—is determined, not only by what is inherited, but just as certainly by the conditions under which these potentialities develop. For instance, we cannot be sure of developing a characteristic simply because we inherit the co-operant genes necessary for its growth. Human organisms are like other things in this respect. What they do or become depends both on what they are made up of and on the environmental conditions that surround them. We have much justification for thinking of the environment and training provided for the growing individual, as modifying, selective forces, for the nurture of inherited potentialities. Let us examine some of the facts that substantiate our statements.

Every normal individual comes into the world with an organic basis for the development of personality. He has a body with organs for the reception of stimuli—seeing, hearing, tasting. He has organs of response—muscles, glands. He has a co-ordinating and controlling system of neurones, spinal cord and brain. He has as part of his inherited equipment, at birth, certain protective reflexes, such as winking, sucking, crying, etc. He has inherited undeveloped aptitudes, capacities and intelligence. He has a few emotional responses, such as fear, anger and pleasure, ready to function when adequately stimulated. He has certain tendencies, variously called instincts, drives or appetites, that impel him to seek satisfaction for his self, and race preservative needs, such as hunger, sex, sleep, elimination. He has the characteristic of responding to internal and external stimuli by activity. This activity is only slightly differentiated and organised, but is easily stimulated and patterned. The infant also has the characteristic of plasticity or the ability to be modified or changed by what happens to him. In short, he is an asocial being, driven by his appetites and needs—interested only in

(One of a series of addresses by the staff of the Mental Hygiene Institute, Inc., of Montreal, in co-operation with the Department of Physical Education, McGill University, Montreal, Canada).

(Broadcast under the auspices of the National Council of Education, Montreal Committee, over Station CKAC, "La Presse," Montreal).

satisfying his desires and through his activity coming into contact with the environment, experiencing, becoming modified *and* learning.

Now this individual, with his inherited equipment and desires to self-expression and satisfaction, is born into a social setting—the home, the family. The family has standards and ideals of conduct; it has expectations for this new individual; it has definite conceptions of right and wrong behaviour. Almost immediately after birth, organised pressure is brought to bear upon the infant, in the form of routine and schedule, praise for acceptable behaviour, disapproval for unacceptable response—all directed toward making him feel, act and think in conformity with the standards of the family group. There begins almost at once a conflict between the self-expressive, self-centered strivings of the child and the repressive thwarting, socialising forces of the environment.

What happens? In the first few years these socialising influences are represented in the authoritative personal control of the parents. The first problems arise around attempts at habit formation—establishing habits of control, of elimination from bowel and bladder, the establishment of good eating and sleeping habits, habits of personal cleanliness. These habits are necessary for the health of the individual and the comfort of society. If these habits are established through a well-planned programme, consistently carried out in a home atmosphere of sympathy and understanding, affection and security, with increasing opportunity and expectation of self-direction and control on the part of the child, the foundations for a wholesome personality are well laid. Such a child will tend to accept necessary social regulation of his instinctive drives with tolerance and understanding. He will gradually learn to postpone immediate gratification for more distant, worthwhile satisfaction. He will slowly but surely learn self-control. How does this come about?

We realise that the self-centered infant must learn to adapt himself to the requirements of the social environment and relationships into which he is born. He must live with his fellows, and in such a relation he is expected to accept and observe the rules and conventions of his social group. Failure to do so will result in the disapproval of his fellows, and this censure and disapproval wounds his self-regarding feelings. Such wounded self-feeling may evidence itself in a withdrawal from contacts and society or it may result in what is called over-compensation; that is, a marked reaction in the other direction —defensive and rebellious in appearance but frequently masking great sensitivity and hurt.

The ease with which the necessary modification takes place is dependent upon two factors — physiological make-up of the child and the type of discipline used. The active, aggressive, out-going type of child who comes into violent contact with his environment, who is inconveniencing, curious and experimental, is all too apt to get in turn an aggressive, repressive type of discipline from the adults around him. This type of socialising may make him timid, fearful or unwilling to try new experiences, or it may make him resistant, rebellious, defiant and irritable. In either case we are giving the child practice in undesirable types of thinking, feeling, doing response. We are developing unwholesome personality characteristics. These types of response will not be limited to the home, but will be carried over later on into school and business relationships. On the other hand, the suggestive, passive, imaginative, inturned type of child, whose quiet, easily managed behaviour causes so little inconvenience to the adults, is very apt to get an increasing satisfaction through their easily earned approval, through daydreaming, and to withdraw more and more completely from real situations

and the normal satisfactions of achievements and contact with children his own age. This, too, is an unwholesome personality development.

Again, we may have in the family situation a parent who is not getting reasonable happiness or satisfaction in a normal fashion through relationships with the mate or in other social relationships. Such a parent may unconsciously warp and distort the developing personality of the child by too concentrated affection or attention, or too great anxiety or concern. This arises from the parent's own emotional discontent and conflict. Such an exaggerated relationship between parent and child tends to hamper or even to prevent the natural out-turning of the child's interest and affection to others—tends to make the child physically and emotionally dependent. This thwarting of the natural, normal tendencies of the developing individual is bound to have its effect upon his personality. Conflict arises—the child is torn between his desire to remain dependent and comfortably protected in the family relationships and his natural urge to grow up and to get an increasing amount of satisfaction from healthy outside interests and contacts.

Another frequent cause of unhealthy personality development is the personal ambitions of the parents, their efforts to get, through their children, the satisfactions of accomplishments denied them. For instance, the mother who as a child loved music and wanted to study it, but who because of financial lack was unable to do so. When this woman's child is born she determines that the child shall have the opportunity she missed. Mary shall study music. Consequently, Mary, who has only a mild interest in music, who has not inherited any particular aptitude for it, is compelled from the age of five to spend hours of practice and study daily. Do you think that such aggressive measure would be apt to contribute to a liking for music or have a desirable effect upon Mary's kind of personality? Or let us consider John. John's father was one of a family of eleven—a family in very modest circumstances. John's father, who is a man of exceptional intelligence and ability, was taken out of school at twelve to help contribute to the support of the family. He was very bitter about this and determined that his children should have the education he missed. John's name was put upon the list for one of the colleges the day he was born. The necessity for exceptional scholastic achievement was kept constantly before him. John worked hard. But John did not inherit the quality of intelligence his father had. He worked terribly hard. He tried desperately to even keep up with the others in his class. In the face of repeated failure to accomplish things which he could not possibly do, in the face of disappointment and criticism of his parents because of his inadequacies, John lost every feeling of self-confidence. He began to be convinced that he was no good. Only the belated help of the Mental Hygiene Clinic, giving the father some appreciation of what was happening to this developing personality, through no fault of his own, getting the family to accept this boy's inherited limitations happily, and providing a constructive plan of development of what capacity he has, has prevented a total disintegration of good material. Is personality dependent on environment and training? We leave it to you.

Environment is too frequently thought of in terms of material factors—food, shelter, cultural opportunities. But the most potent influence in the environment—the other personalities of the home, school and work situations—are frequently unconsidered. There is no doubt then that attitudes formed in the early years of life in the complicated interaction with other individuals, during the necessary socialisation and education of the child, become integral determining factors of the mature personality. We all know individuals

whose rebellious, resistant, angry attitude toward all authority has been undoubtedly determined by the unhappy, thwarting, emotionally charged experiences of the growing-up period in the family situation. We are all familiar with people whose whole attitude toward life, whose whole personality, reflects confidence and friendliness because their early experiences have been controlled and directed by understanding affection.

From the standpoint of mental hygiene, the wholesome growth of personality necessitates understanding and applying a few general principles. The problem is to so manipulate and guide the environmental forces, including the personalities, that in the necessary process of educating or socialising the child a compromise of adjustment is achieved which is at the same time individually satisfying and socially acceptable.

Feeding the Nurses

By AGNES S. PEARSON, Nurses' Home Dietitian, Winnipeg General Hospital, Winnipeg, Man.

The problem of feeding nurses is one which is of great importance to all hospitals. Good well-balanced meals are not only essential to individuals who have to work as long and as hard as nurses do, but they play an important part in the general health, contentment and cheerfulness of the nurses.

This problem must be considered from many angles, such as, kitchen equipment, the individual interest of those responsible for preparing and cooking the food, along with the all-important question of making this an economical part of the institution. Unwise economy practised in this department usually results in a waste of food.

Institutional meals tend to acquire a sameness, as foods cooked in large quantities soon lose that touch of home preparation, which often is due to a routine menu, lack of variety in the food served, or lack of interest or care on the part of the cooks, who, very often, are more anxious to get through with the work irrespective of the taste of the finished product. Quite naturally the nurse, desiring a change, seeks the corner store where her small amount of pocket money quickly disappears.

In our hospital we have tried to avoid the continual repetition in the meals by varying the foods, yet bearing in mind our budget. This does not interfere with the fact that we can very often serve foods which are fairly expensive, by following with less expensive foods, thus giving the desired variety.

Of so great importance is the serving of hot foods, hot, and cold foods, cold, that special attention should always be paid to this factor, or an otherwise appetising meal may be spoiled.

Foods cooked in a general kitchen may often be made more palatable and attractive by an additional touch in the service kitchen. This we do in our nurses' home kitchen with considerable success. All foods are inspected as to flavour and appearance, and sauces, relishes, greens or seasonings added. Boiled potatoes are often creamed or served with parsley sauce. Vegetables are creamed; to ice cream we add chopped fruit, maple syrup, butterscotch or choco-

late sauce. With roast lamb we serve mint sauce; with baked or fried fish, caper-sauce or relish; with roast pork, dressing or apple-sauce. Also, in our service kitchen, we make creamed soups, such as, cream of potato, tomato, asparagus, corn, lentil or pimento four times a week.

Evening meals are often prepared in our own kitchen, or the general kitchen meals added to by making creamed eggs on toast with bacon, creamed shrimp with celery and green peas on toast, asparagus served with cheese sauce on toast; ham and chicken are also creamed occasionally. Some fresh vegetable, such as lettuce, celery or tomato is always served with these meals.

Fresh vegetables are served with a variety of dressing and so far have not been prohibitive all winter. Fresh frozen fruits, that is, strawberries, blueberries and cherries have added greatly to our usual supply of apples, oranges, bananas and grapefruit, thus making a pleasing change in the diet.

We have a few special diets that are of particular interest, such as, undernourished, reducing, gastric-ulcer and anaemia, to which special attention is paid. For the undernourished an extra lunch is served at ten o'clock every morning, consisting of hot chocolate, cocoa, milk or coffee with toast or sandwiches.

In an endeavour to make conditions more home like, the Nurses' Home china is distinctly different from that used in the hospital, and we try, as far as possible, to avoid serving the same foods as the nurse has been serving on the ward. If nurses are unable to get off the ward in time for meals they have the privilege of calling the Home, and their meals are kept hot for them until they arrive. As an encouragement to the late night nurses to eat breakfast, instead of going to bed hungry as well as tired, little extras are added.

During the winter months we open a canteen in the Nurses' Home for the benefit of the nurses. A sandwich, plain or toasted, with a choice of fillings, or cinnamon toast, wrapped in oiled paper, and a pitcher holding two cups of hot tea, coffee, cocoa or cold milk may be purchased for five cents. Cookies are sold according to cost. If a pitcher of cocoa with bread and butter, wrapped in oiled paper is desired, it costs two cents. If without funds, the nurse may have bread, butter, jam and a pitcher of tea, coffee or milk, free. The idea of the canteen is not to make a profit but to be self-supporting. This last year unemployed graduate nurses took charge from 8 until 10 p.m. They received $1.00 a night, with the privilege of having dinner with the night nurses after the canteen closed. The graduates not only enjoyed the work, but found it a great help when they were waiting for cases, as it netted them approximately $28.00 per month, and kept them in touch with the Nurses' Home.

All money over and above expenses is used for the nurses themselves, for instance, it paid for their Christmas party, bought the Christmas decorations for the Home, and purchased a waffle iron, which will be used in the canteen.

For class parties, dances, etc., the refreshments and punch are prepared by the class in charge.

A suggestion-box placed in a convenient corner invites criticism or suggestions re food, service, or requests for a change. These suggestions are anonymous and are given every consideration. Frequently we get "thank you" notes in this box.

The writer, having trained in this school, after taking a course in dietetics, is possibly in a unique position to appreciate the needs of the pupil nurse, and is always anxious for new ideas and suggestions that may add variety or attractiveness to the nurses' menu.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
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The Professional Growth of the Graduate Nurse

By ADDIE McQUHAE, Toronto, Ont.

The growth of the nursing profession may be compared to that of a tree. Long ago the seed of self-sacrificing service was planted in the fertile soil of suffering humanity, and a beautiful and sturdy tree has arisen. Many branches have gradually developed. In hospitals and homes, in offices, schools and factories, in the press, in war zones, in far-flung, isolated parts of the world, and on the high seas, nurses represent the various branches of the great tree.

In the strides of science, each branch endeavours to keep abreast of the times, taking an eager and intelligent interest in each new discovery and its development. Always alert to preventive measures and curative processes, so that in their combined contact with the universe in general, multitudes are brought into the shelter of the tree.

Countless numbers are protected from the withering heat of devastating diseases. Innumerable ones rest securely in its kindly shade till mental storms subside. It shields the children of the world from many deadly blights and perils. Its balm is infused into the hearts of the troubled and tormented. Everywhere the sheltering branches reach out like divining rods, pointing unerringly to the waters of healing.

(Read at the Private Duty Nursing Section, Canadian Nurses Association General Meeting, June 23, 1932.)

Intelligent progress has been made in regard to the health of the worker. More merciful measures have shortened the excessively long hours of duty, and the change has been conducive to better health and more efficient work, and will undoubtedly result in prolonging the life of the nurse to a more reasonable age.

The theory of nursing has been promoted to an amazing extent. University courses, professional journals, and conventions of ever-increasing importance bespeak a world-wide interest in the vital subject.

The nursing profession is truly a majestic and magnificent old tree; bravely resisting the storms of time, and unfailingly sending forth its buds of promise. Its branches, like comforting arms, are ever extended to the afflicted of the present and the future. Its roots are deep in the past, reaching far back to the divine source of its origin, and may be described in the following lines written to commemorate the fiftieth anniversary of the Training School for Nurses, Toronto General Hospital:

Forward in the van of progress,
  Zealous in each wondrous dream,
Yet forever closely clinging
  To tradition's glorious theme.

Once a maiden all compassion
  Ministered in love sublime,
And her candle-light comes gleaming
  Softly through the veil of time.

As she soothed, in tender mercy,
Tortured moan and piteous call,
Lips of wounded ones and dying
Kissed her shadow on the wall.

And the messenger of mercy
With her cheery candle-glow—
Whence caught she the vision splendid
In the days of long ago?

Backward through the mist of ages
To an evening by the sea:
Crippled, blind, demented, dying,
Thronged the shore of Galilee.

There they sought the great Physician,
He who toiled though day had fled,
And when evening shadows lengthened
Had not where to lay His head.

And He healed them all at even,
Gave them joy and peace and rest;
Eyes long blind, in rapture witnessed
Glories of the glowing West.

Healer of divine compassion!
We Thine ancient promise claim:
"Fear not, I am with you alway,
Even to the end the same."

Grant us now Thy benediction,
Bless our portals evermore,
Where diseased, and blind, and broken,
Gather as in days of yore.

May the sick and sorrow-laden
Tenderly be healed and blest,
Till the radiant hues of even'
Glorify Time's golden West.

The Department of Public Information, American Nurses Association, which publishes *The Bulletin* each month, has issued a special Private Duty Number, from which the following excerpt is made, under the title "Do You Like the Title 'Clinical Nurse'?"

"'A substitute for the title 'private duty nurse' is being sought by the national Private Duty Section officers. To quote the section chairman, Meda Marsh, 'Nothing is so *public* as a *private* duty nurse.' The new term, the officers maintain, should cover not only the present 'private duty nursing,' but hourly nursing, staff nursing, office nursing, group nursing, and the nurse anæsthetist. They are eager to know what other nurses in these fields think of the term 'clinical nurse,' and ask nurses to write their opinions to the national section chairman.

"At the recent conference of Private Duty Section officers, someone asked for a definition of the term 'private duty nursing.' One definition is contained in certain material provided by Mary M. Roberts, editor of the *American Journal of Nursing*, to the Committee on the Costs of Medical Care, of which she is a member. It is as follows:

"'Private duty nursing, in contradistinction to institutional nursing, and as at present interpreted, is full-time graduate nurse service, for variable periods, to one patient in the home or institution. The range of demands on this type of service is very wide, calling in some instances for the highest type of technical skill and for social and psychological ability of a high order. A better term for this service is special duty, indicating the need for high type service and special skill.'"

Department of Public Health Nursing

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The Education of the Public Health Nurse

By MARGARET KERR, Assistant Director, Department of Nursing, University of British Columbia, Vancouver, B.C.

Since the education of the public health nurse forms the topic of this paper, it would be well for us to have a definite picture in mind of who this individual is and why we are interested in her education.

It has been said by an eminent authority, "A public health nurse is much more than a graduate of a good hospital. She may be doing infant welfare, school nursing, tuberculosis, industrial or bedside nursing—an infinite variety of combinations—but she must know how to enter the homes of the simple people, she must know how to teach and advise acceptably when she gets there, she must know how to get results in her community."

How to educate the nurse to meet these diversified duties is the subject we are to discuss today. We are not concerned directly with her moral, physical or social make-up, except as each contributes to the general, rounded-out whole, which is the capable, intelligent, cultivated and pleasant public health nurse.

What do we mean by education? Chambers' Encyclopædia tells us that "in the widest sense of the word a man is educated, either for good or evil, by everything that he experiences from the cradle to the grave. But in the more limited and usual sense, the term education is confined to the efforts made of set purpose to train men in a particular way." A fuller definition that could be applied to the group we are considering today is that of Dewey: "Education may be defined as the process of the continuous reconstruction of experience with the purpose of widening and deepening its social content, the means by which a community or social group transmits its acquired power and aims with a view to securing its own continued existence and growth."

Preliminary education—the public and high school training which every nurse should have—has as its object means whereby human beings may realise their own potentialities in order that they may become themselves. They cannot become themselves without an effort of mind and will, and the discipline by which that effort is stimulated and guided is education. The development of the mind in general consists in increase of its width or scope. The developed mind has a wider reach. Its grasp extends further over the future and draws more from the past. Its insight into reality probes deeper, and in consequence its practical control of life is greater. Moreover, the development of the mind leads to increased clearness and freedom of perception and greater fluency in the expression of those thoughts. It takes a more penetrating and concrete view of the problems of life. It pictures realities to itself more accurately and appreciates the inter-relations of these realities more clearly.

In the education of the public health nurse we face a practical matter. What is expected of her in her professional capacity? What groups will she encounter, what responsibilities must she assume for which her preliminary education and hospital training have not fitted her? What personal development needs to be encouraged so that she may meet the wide diversity of problems that will confront her? These and many other questions are included in the consideration of her education.

(Read at the Public Health Nursing Section, Canadian Nurses Association General Meeting, June 24, 1932.)

In a position of prime importance among the individual characteristics of the public health nurse would be placed—personality. We use many adjectives to describe the impression made on us by another — strong or weak, charming or displeasing, demanding or giving, determined or irresolute, and so forth. Personality must be educated, and personality cannot be educated by confining its operations to technical and specialised things, or to the less important relationships of life. Through meeting actual situations, through a conscious endeavour to reach the desired goal, which would be the possession of a personality that would give her the open sesame to all types of individuals, this phase of her education would proceed.

Another characteristic the public health nurse must possess is the power of judging. The possession of the faculty of deciding correctly is not innate, and although it should be a characteristic of every individual, it is peculiarly necessary that the public health nurse should be trained to discriminate and differentiate between important and more trivial details. This power of judgment comes largely through guided experience. So in the full education planned for her, the value of the recommendation of the Survey Report that she have at least one year of successful experience in private duty or institutional nursing becomes apparent.

This experience is of educational value in another direction also. In the school of life, both in teaching us how to live ourselves, how to obtain the greatest benefits from those with whom we come in contact, and how to contribute most, experience is our best teacher. Nothing has unconditional value and significance except life. All other thinking, conception and knowledge has value only in so far as in some way or other it refers to the fact of life, starts from it, and has in view a subsequent return to it.

The field work that is included in the training of the public health nurse has the expansion of this experience as its aim. Field work that provides periods for observation only, falls short of the ideal. The actual participation of the nurse in the activities of the organisation to which she is assigned for her field experience may be a source of temporary inconvenience to that organisation, but the end result is a greater efficiency, a more complete understanding of not only the techniques involved, but also of how to meet life situations and problems.

There are various methods in which the time to be spent on field work may be arranged. There are two points to be considered in securing the balance between time spent in theory and practice. In the first place, a student who has had no previous public health experience and who has spent a relatively short time in private duty, has a very inadequate background upon which to draw. The lectures will not have as much point to that individual as to one who has had even a brief period of field training. On the other hand, the student who enters upon a period of field work without previously having any theory of public health is handicapped. Her hospital training has taught her to regard the patient as an individual, so the conception of the family as the unit to be considered is entirely new to her.

Some of the ways in which the field work may be taken will depend upon which of the two alternatives is considered of greater importance. All the theory may be taken first, or part of the field work may be taken before lectures are given and the rest at the completion of the course. There is a third method, and where it has been functioning it has proven eminently satisfactory. This is an arrangement where the field work closely parallels the theory. At one university, for example, the students worked with the various agencies during the forenoon, and spent the afternoon in lectures. The results were very satisfactory in the main, but the plan has since been abandoned because it was found the

health of the students suffered from the load they were carrying.

A scheme whereby the lectures occupied two and a half days of the week and the field work the remainder of the time proved unsatisfactory to both the field agencies and the time-table arrangements. The method that is employed at the University of British Columbia at the present time, and which seems to function satisfactorily, provides for one week of field work at the end of each month during the academic year, with a period of four weeks for rural field work at the end of the term, just preceding the annual examinations. Various other schemes have been tried out, but none appear to meet the needs of the situation quite so well. A longer academic year or an extension of the course to cover two years would provide for longer periods of field work, but under the present arrangement the eight weeks so utilised produce the best results.

In the course of her field work, it is especially valuable for the student to have an opportunity, under supervision, to carry out some form of instruction to various groups.

Perhaps to a greater extent than any other professional group, exclusive of the teachers in the schools, the public health nurse is called upon to instruct. Not only must she carry her teaching into every department of her work in the home, but also she must be qualified to impart knowledge to mothers' classes, to clubs, to teach health education in the class-room, and to be ready at all times to deliver an address. According to the Survey Report findings, 65 per cent. of the nurses engaged in public health work at the present time do not possess preliminary education sufficient to enable them to secure a teacher's certificate. Since only 58 per cent. of these nurses have taken post-graduate training in public health, there are many who are unequipped for the teaching that is required of them. While there are many nurses who have had normal school training in addition to their junior matriculation, the minimum requirement set by the Survey Report, and thus have a distinct advantage so far as all their future instruction is concerned, definite courses in teaching methods and practice teaching should be included in the programme outlined to train the other group who are unprepared.

In addition to the teaching experience, the knowledge of how to speak in public, and the development of a self-confidence that will enable the public health nurse to express herself adequately, that will teach her how to "think on her feet," will prove of inestimable value to her. The fluency, coherence and ease of manner that is so invaluable in a speaker seldom comes naturally and must be trained. Public health nurses do not have to be finished orators, but should have an opportunity through practice to lose their inherent self-consciousness.

It is not necessary to discuss in detail all the courses that should be included in the curriculum. The fundamentals of public health and the prevention of disease, the principles of public health nursing, and many other similar phases of the work, will be found in all courses. Special mention might be made of three subjects that are vital, as they play such important parts in extending the content of knowledge of the nurse and in fitting her to meet more adequately the demands made upon her. Two of these courses are mentioned by the Survey Report as being valuable for all nurses, but more especially for public health nurses, namely, mental hygiene and rural and urban sociology. The third I would mention, which interlinks very closely with these two, is the psychology of normal people of all ages.

While the public health nurse is not being trained as a social worker in the sense that the term generally connotes, a knowledge of the interrelations of family life, an insight into the various problems that frequently confront husband and wife, parents in their relation to their children, and so forth, will make it possible for the nurse to enter into

the family and function in the rôle of adviser and assistant. Since the root of many family difficulties is to be found in financing the needs and desires of all the various members from a limited income, a sound knowledge of budgeting will provide the nurse with a key to the situation that may unlock many unexpected doors.

Combined with the study of psychology should be a more thorough grounding in sex education and its bearing on childhood and adolescence. There is much more literature available on this subject today than there was a few years ago. Every phase of it is discussed more frankly and freely, more mothers and fathers are assuming their parental responsibility in teaching their children. There remains, however, a very large field of teaching and advice-giving that comes into the province of the public health nurse.

In addition to the post-graduate education provided in many of our universities for the public health nurse, there are other means by which her education may be advanced. The institute or refresher course where all the latest developments are discussed, where the problems of the individual or the group can be aired at round-table conferences, is being utilised in many provinces and localities. The value of these refresher courses is increased, or otherwise, according to the strength of the interest taken in them by *every* member of the profession. They serve their real purpose when they rouse and stimulate the love of mental adventure so that development is a constant process. Colvin, in his book "The Learning Process," states, "the human being has an environment of tremendous complexity to which he must adjust himself, and he never can acquire all the adjustments necessary and bring them under automatic control. If his life is reduced largely to habit, it means that he has arbitrarily limited the environment to which he is to react, and, therefore, has shut out the possibility of further development."

"In this sense habit deadens and reduces the life of the individual to the level of non-voluntary activity. These considerations do not mean that the individual should not acquire a large number of habits, but they do mean that also there should be beyond the sphere of habitual activity an unlimited place for further development. The difference between the person who continues to make progress all through his life and the one whose real life is ended in early manhood is that the former always possesses an open mind and the attitude of finding in his environment further possibilities of adjustment."

The public health nurse who wishes to keep up with the nursing procession must keep herself informed concerning what is going on. John Dewey, in his "Reconstruction in Philosophy," says, "No individual or group will be judged by whether they come up to or fall short of some fixed result, but by the direction in which they are moving." One way to keep moving in the right direction is by reading the nursing journals every month. Books on various phases of nursing and parallel subjects are available in almost every library. This year we have the Report of the Survey of Nursing Education, which will provide much meat for group discussion as well as for personal study. No one of us has completed our education although we have taken numerous courses and read extensively.

There are public health nursing courses organised in many of our Canadian universities. The curricula and the courses offered may not be perfection, but they have been developed with great thought and care so that today they are very worth while. Their value increases as suggestions are received from just such a group as this. The education of the public health nurse is a mutual responsibility shared by the universities with every nurse in the field. Let us set a fair goal, the adequate professional training of all public health nurses, and strive to attain it.

News Notes

Contributors to theis Sction are reminded that the address of the Journal is now 401 Crescent Building, Montreal, Que. Copy for this Section should reach the Editor not later than the twelfth of each month for ensuing issue.

ALBERTA

CALGARY ASSOCIATION OF GRADUATE NURSES: The annual business meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. parlours on September 20, 1932. Mrs. Stuart Brown, retiring Hon. President, and Miss K. Lynn, retiring President, were presented with bouquets of roses by the members of the Association, who accorded Miss Lynn a most hearty vote of thanks for her untiring efforts on their behalf, during the term of office. Officers were elected. ommittees appointed are as follows: Executive, Misses C. Dewar, O. Zimmerman, M. Fleming, I. Jackson, L. Freeman, H. Ashe, L. Cooper, L. Hawkins, H. Philip, H. Gothridge; Finance, Misses H. Ashe, H. Philip, O. Zimmerman; Entertainment, Miss W. Dowding; Sickness, Mrs. M. Blunder, Misses M. Watt and Mrs. S. Brown. Plans were discussed for a card party to be held in October. A resolution was passed that all members of the C.A.G.N. must be members of the Alberta Association of Registered Nurses.

BRITISH COLUMBIA

GENERAL - HOSPITAL, VANCOUVER: Miss Grace Thompson (1928) has returned home after an interesting sojourn in Mexico City, where she was on the nursing staff of the Sanitano Cowdray—an English hospital endowed by the well-known Lord Cowdray. The head surgeon of the staff and that matron are Canadians, and many of the nurses are from the Vancouver General Hospital. Miss Jean MacKay and Miss Mildred Carpenter spent three years there, also Miss Margaret Traquare, a class-mate of Miss Thompson and who is now married. There are all nationalities on the staff and among the patients also, although Germans predominate. Ninety per cent of the employees are Mexicans, as are most of the nurses. Nursing is much the same as in Canada, Miss Thompson reports, and German and French drug preparations are used entirely. The hospital is well equipped and is in pleasant surroundings in a very beautiful city.

MANITOBA

The Manitoba Association of Registered Nurses held a regular quarterly meeting in Winnipeg on October 7th. Afternoon and evening sessions were held; at the former the business of the Association received attention, while in the evening the four delegates to the Canadian Nurses Association General Meeting gave reports.

Members of the Board, Manitoba Association of Registered Nurses, entertained at a farewell luncheon on October 6th, for Miss Jean Wilson, Executive Secretary, Canadian Nurses Association.

BRANDON: The first meeting of the Brandon Graduate Nurses Association for the year 1932-33 was held in the Public Health Centre on October 3rd. Brief reports from the conveners of the different committees were received and matters of business discussed. Misses G. M. Hall, W. Barrett, M. Gemmell, L. Stewart and J. Munroe gave reviews of various sections of the Report of the Survey of Nursing Education in Canada. At the close of the meeting refreshments were served by the downtown section of the Association.

GENERAL HOSPITAL, WINNIPEG: On Tuesday afternoon, October 18th, Miss K. W. Ellis and members of the nursing staff entertained in honour of Miss Jean Wilson and Miss Lillian Pettigrew (1931). The latter joined the National Office staff a year ago and will continue as assistant to Miss Wilson at headquarters in Montreal.

Miss Florence Hamilton (1927), of the Children's Hospital, Detroit, Michigan, visited in England and on the Continent during the summer months. Miss Grace McKeevor (1921) has returned from New York and has accepted a position on the Hospital staff.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in September, 1932, were 982, six more than in August, 1932.

APPOINTMENTS

GENERAL HOSPITAL, HAMILTON: Miss Christine Livingston (1930) has been appointed to the Social Service Department at the Hamilton General Hospital. Miss Eva Bennett (1930) is Assistant Supervisor in the Out-Patients' Department. Miss P. Phillips is in charge of Second Floor, Children's Wing. Miss Mary Ward has been appointed Supervisor of the Children's Ward. Miss Evelyn Gayfer is now in charge of Ward 12. Miss Langford, who has been for several years on the staff at Mt. Hamilton Hospital, is now at the General, engaged for part time in the Operating Room. Miss Helen Gowling, who has been in the Operating Room for the past two years, has accepted the position as Supervisor of the Operating Room at the Mountain Sanatorium. Her place has been filled by Mss Gladys Hemmingway (1927).

District 1

Chatham: At the monthly meeting of the Nurses Alumnae of the Public General Hospital, a Reading Club was organised for the purpose of studying different books dealing with the nursing profession. The club will meet every Friday afternoon from 3 to 5 o'clock in the Nurses' rest room at the hospital. Miss Elsie Phillips gave an interesting report of the district meeting of the R.N.A.O. held in London on September 17th, at which Miss Blanche Pardo outlined the course on Maternal Care given by the Public Health Institute at London on the two previous days. A chapter of Dr. Weir's report was capably summarised by Miss Edna Orr. A social time was enjoyed after the meeting.

District 2 and 3

The annual meeting of District 2 and 3, R.N.A.O., was held on October 4th at the Nurses' Residence of the Woodstock General Hospital. Miss Jessie Wilson, Brantford, in the chair. The hostesses were the Alumnae Association of the Woodstock General Hospital, and at the conclusion of an interesting session they served tea to the members and guests present, who numbered sixty-eight.

At the business meeting the following officers were elected for the ensuing year: Chairman, Miss Wilson, Brantford; Vice-Chairman, Miss A. Bingeman, Freeport Sanitarium, Kitchener; Secretary-Treasurer, Miss Edith Jones, Brantford; Chairmen of Sections, Miss Helen Potts, Woodstock (Nursing Education), Miss Mae Davison, Woodstock (Private Duty), Miss Alice Eby, Guelph (Public Health); six councillors were elected, from Brant, Grey, Huron, Perth, Wellington and Waterloo counties. A vote of thanks was tendered Miss Hilda Booth, Simcoe, who has served the district faithfully as secretary-treasurer for the past four years. Miss Helen Potts gave an interestingly comprehensive picture of the activities of the Canadian Nurses Association in convention at Saint John, with especial mention of the splendid papers given by guest speakers and nurse members in reference to Dr. Weir's Survey Report. Miss Marjorie Buck, first vice-president of the R.N.A.O. ,spoke on "The Problem of Supply and Demand in Reference to the Distribution of Nursing Services". Miss Buck based her remarks on the Survey Report.

General Hospital, Guelph: The annual bazaar held by the staff and students of the Guelph General Hospital was held in the Nurses' Residence on October 14th. Misses Agnes Campbell and Groenewald attended the meeting of District 1, held at London, on September 17th. Miss Olga Moffat (1931) is taking a post-graduate course at the Royal Victoria Maternity Hospital, Montreal.

District 4

General Hospital, Hamilton: Miss Ellen Ewart (1931) has entered the School for Graduate Nurses, McGill University, to take the Administrators' Course. Miss Katherine Lawrence is taking the Administrators' Course at Western University.

District 5

The nurses of District 5, R.N.A.O., held a meeting on September 17, 1932, at Oshawa. Miss Beamish, the president, was in the chair, and there were about 132 present. At 4 o'clock reports and matters of business were dealt with. The Permanent Education Fund Committee, now increased in number, submitted a very progressive report of activities to date. Reports and resolutions of the C.N.A. General Meeting in Saint John were read. Miss Rowan, superintendent of nurses of Grace Hospital, Toronto, spoke on "The Head Nurse; Hospital Facilities for Teaching; and The Curriculum". This was followed by an interesting discussion. The speakers in the evening were Miss Eunice Dyke, of the Health Department, City of Toronto, and Miss Jean Gunn , superintendent of nurses, Toronto General Hospital. Miss Dyke's subject was "Implications of the Weir Report," while Miss Gunn analysed the "Cost of Nursing Education". Miss Gunn announced that a study committee in each province ,representing the Provincial Medical Association, the Provincial Nursing Association and the Provincial Hospital Association, will be under way this fall to study Dr. Weir's report on the Survey of Nursing Education in Canada. The Ladies' Auxiliary of St. Andrew's Church served supper. Miss McWilliams, superintendent of nurses, Oshawa Hospital, welcomed the nurses to Oshawa and helped to make the day a success.

District 5

Toronto Western Hospital, Toronto: Graduate nurses who visited the Hospital during vacation months were: Miss Ida McAfee, Johnson City, N.Y., former assistant superintendent of nurses of the Hospital; Mrs. Davis (Wilhelmina Jones, Toronto Western Hospital, 1918), Miami, Florida; Mrs. E. Pickwood (Josephine Cameron, Toronto Western Hospital, 1919), New York, N.Y.; Mrs. Leita Ward (Toronto Western Hospital, 1918), Miami, Florida; Miss Margaret Darling (Toronto Western Hospital, 1924), Albany, N.Y.

Having completed a contract term of service in charge of an Imperial Oil Hospital in Colombia, South America, Miss Marion Wylie (Toronto Western Hospital, 1915) has returned to Toronto.

District 10

The regular monthly meeting of District No. 10 was held on October 6th in the Nurses Residence, McKellar General Hospital, Fort William, with Miss S. McDougall in the chair. Miss Edna Howie, of Toronto, was the guest speaker. District No. 10 held a very successful bridge and tea in the Kam Club, Fort William, on September 10th, under the convenership of the Executive. The District Association is now able to fully meet its obligations to the Permanent Education Fund. Miss Catherine Lemon, McKellar General Hospital, Fort William, 1931, is taking the Public Health Course in Toronto.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ARNOT—On July 17, 1932, at Belleville, Ont., to Mr. and Mrs. C. Arnot (Annie Burley, Belleville General Hospital, 1928), a son.

ASCAH—In August, 1932, at Fame Point, P.Q., to Mr. and Mrs. H. Ascah (Elsie LeMeasurer, Jeffery Hale's Hospital, Quebec, 1927), a son.

BROWN — On July 21, 1932, at Mount Hamilton Hospital, to Mr. and Mrs. Frederick Brown (Annie Emerson, Hamilton General Hospital, 1929), a son.

CARLISLE—On September 13, 1932, at Mount Dennis, Ont., to Dr. and Mrs. Vernon Carlisle (Marjorie Middleboro, Toronto Western Hospital, 1925), a daughter.

CRAIG—Recently, to Dr. and Mrs. K. Craig (Marjorie Gull, Vancouver General Hospital, 1928), a daughter—Marjorie Elizabeth.

DAWSON—On April 24, 1932, at Millbrook, Ont., to Mr. and Mrs. Gerald Dawson, Bailieboro, Ont. (Mildred Smythe, Toronto General Hospital, 1926), a daughter—Margaret Isabelle.

HOOD—On September 10, 1932, at Kitchener, Ont., to Mr. and Mrs. Roy Hood (Hazel Knox, Hamilton General Hospital, 1928), a daughter.

LOCKWOOD—On June 10, 1932, to Mr. and Mrs. W. E. Lockwood (Jean Motta, Winnipeg General Hospital, 1926), a son.

LYONS—In August, 1932, at Sherbrooke, P.Q., to Mr. and Mrs. B. Lyons (Ruth Edney, Jeffery Hale's Hospital, Quebec, 1931), a son.

NEWMAN—On September 28, 1932, at Winnipeg, Man., to Mr. and Mrs. G. L. Newman (Hilda Irvine, Winnipeg General Hospital, 1926), a son.

OCKENDEN—On October 5, 1932, at St. Catharines, Ont., to Mr. and Mrs. S. Ockenden (Mabel Goodwin, Mack Training School, 1924), a son.

ROBERTSON—On August 31, 1932, to Dr. and Mrs. R. B. Robertson (Charlotte Jack, Royal Victoria Hospital, Montreal, 1914), a son.

SAMPLE—On September 26, 1932, to Mr. and Mrs. Clarence Sample (Margaret Gibson, Chatham General Hospital, a daughter—Elizabeth Wilson.

SKILLING—Recently, to Mr. and Mrs. W. Skilling (Zella Doherty, Vancouver General Hospital, 1923), a daughter.

STALKER—Recently, to Dr. and Mrs. S. Stalker (Irma Hyland, Vancouver General Hospital, 1929), a daughter—Ann Rosemary.

SWIFT—In September, 1932, at Montreal, to Mr. and Mrs. C. Eric Swift (Dorothy Bowden, Jeffery Hale's Hospital, Quebec, 1922), a son (stillborn).

VAREY—On October 5, 1932, at Toronto, Ont., to Dr. and Mrs. D. H. Varey (Eileen Stephenson, Brantford General Hospital, 1928), a son.

WALKER—On August 3, 1932, to Mr. and Mrs. George S. Walker (Linda Tickner, Chatham General Hospital, 1928), a son —Robert Stuart.

WEBBER—Recently, to Mr. and Mrs. C. Webber (Cassie Hunter, Vancouver General Hospital, 1918), a daughter.

WOOD—On September 17, 1932, to Mr. and Mrs. C. D. Wood (Mabel Boyd, Guelph General Hospital, 1914), a daughter.

MARRIAGES

ADAM—ALBUTT—On August 2, 1932, Catherine Albutt (Royal Jubilee Hospital, Victoria, 1929), to Captain J. F. Adam.

ALLAN—KETCHESON — On September 17, 1932, Addie Ketcheson, Winnipeg General Hospital, 1929), to Thomas Allan, of Winnipeg, Man.

ALLISON—THOROLFSON—On July 30, 1932, at Winnipeg, Man., Furbena Thorolfson (Winnipeg General Hospital, 1927), to Walter Allison.

BENNETT—VINTINNER — On September 10, 1932, at Brookbury, Que., Ella Vintinner (Sherbrooke Hospital, 1931), to Leon C. Bennett, of Bury, Que.

CARR-HARRIS—McDUFF—In September, 1932, at Windsor, Ont., Florence McDuff (Guelph General Hospital, 1925), to Dr. Carr-Harris, of Maxwell, Ont.

CARSON—STEWART—On September 10, 1932, at St. Catharines, Ont., Margaret Stewart (Mack Training School, St. Catharines, 1929), to Dr. Palmer Carson, of Desboro, Ont.

CAVAYE—KERR—On September 9, 1932, Maeford E. Kerr (Royal Jubilee Hospital, Victoria, 1928), to Douglas Cavaye, Chilliwack, B.C.

CHRISTILAW—TAYLOR—On August 12, 1932, at Winnipeg, Man., R. Christina Taylor (Winnipeg General Hospital, 1931), to E. G. Christilaw, of Brandon, Man.

DOLGIN—BLANKSTEIN—On August 12, 1932, at Winnipeg, Man., Eva Blankstein (Winnipeg General Hospital, 1931), to J. Dolgin, of Winnipeg.

FLETCHER—BABCOCK—On August 11, 1932, at Odessa, Ont., Ursula Babcock (Belleville General Hospital, 1930), to Donald Fletcher.

FLETCHER — EDE — On September 3, 1932, Wilburta Ede (Royal Jubilee Hospital, Victoria, 1928), to Walter Fletcher.

HALLIDAY—HOLDEN—On September 3, 1932, at Winnipeg, Man., Aldythe Holden (Winnipeg General Hospital, 1931), to Mr. Halliday, of Clear Lake, Man.

HILL—RICHARDSON—On September 21, 1932, at Burlington, Ont., Emily Richardson (Mack Training School, St. Catharines, 1929), to Dr. N. P. Hill, of St. Catharines, Ont.

LINTON—WAGHORNE — On October 5, 1932, at Brantford, Ont., Madoline Lena Waghorne (Brantford General Hospital, 1928), to Rev. Byron Gray Linton, of Mahone Bay, N.S.

MITCHELL—ARTHUR — On September 17, 1932, at Port Arthur, Ont., Mabel Arthur (Winnipeg General Hospital, 1932), to J. S. Mitchell, of Winnipeg, Man.

MORRISON—GRAHAM — On September 15, 1932, at Toronto, Ont., Adelaine Isabel Graham (Toronto Western Hospital, 1928), to D. G. E. Morrison. Residing at 415 Rosemary Rd., Forest Hill Village, Toronto, Ont.

McCULLOCH—BURD — On August 31, 1932, Doris Burd (Vancouver General Hospital, 1929), to Lawrence McCulloch.

O'KEEFE—FOLEY — On September 6, 1932, at Lennoxville, Que., Marjorie Foley (Sherbrooke Hospital, 1929), to David John O'Keefe, of Lennoxville, Que.

PALMER — MARTEINSON — In June, 1932, G. Marteinson (Winnipeg General Hospital, 1932), to Mr. Palmer, of Winnipeg, Man.

PINKHAM—CARD — On September 2, 1932, at Saint John, Olive Card (Winnipeg General Hospital, 1926), to William Pinkham, of Saint John, N.B.

SAVAGE—DOUGLAS — On September 7, 1932, at Stanley, N.B., A. Louise Douglas (Sherbrooke Hospital, 1931), to Alfred Savage, of Sherbrooke, Que. Residing at 59 London Street, Sherbrooke, Que.

SCHMIDT — SHARPE — In September, 1932, at Los Angeles, Cal., Margaret Sharpe (Winnipeg General Hospital, 1928), to Max Schmidt.

SWEAT—BAILEY—Recently, in Vancouver, Bertha Bailey (Royal Jubilee Hospital, Victoria, 1924), to J. Sweat.

THOMAS—VOLLETT — On October 5, 1932, at Winnipeg, Man., Evelyn Vollett (Winnipeg General Hospital, 1927), to Bruce Thomas, of Newark, N.J.

WILSON—HOLMES—On October 8, 1932, at Rosebank, Man., Catherine Holmes (Winnipeg General Hospital, 1929), to Storey Wilson, of Winnipeg, Man.

WILSON—DERBYSHIRE—On September 24, 1932, at Trenton, Ont., Amy Ellen Derbyshire (Belleville General Hospital, 1930), to Lewis Albert Wilson.

WRIGGLESWORTH — STEPHENS — In September, 1932, at Hornby, Ont., Margaret Stephens (Guelph General Hospital, 1932), to Clifford Wrigglesworth, of Milton, Ont.

WOODLEY—REID — On September 10, 1932, at Glenmorris, Ont., Margaret Reid (Brantford General Hospital, 1931), to Reginald Woodley, Boston, Ont.

DEATHS

HICKS—On September 10, 1932, at Toronto, Ont., Alexander Hicks, beloved husband of Ruby Creighton (Toronto Western Hospital, 1912).

MATHERS—On August 28, 1932, at Winnipeg, Man., Mrs. (Dr.) A. T. Mathers (Gretchen Goulding, Winnipeg General Hospital, 1918).

McMURRAY—In September, 1932, Mrs. McMurray (Christinia Fox, Vancouver General Hospital, 1931).

Applications will be received for position of Registrar for the Montreal Graduate Nurses Association, preference being given to graduates of the Province of Quebec. Address all communications to the President, 1230 Bishop Street, Montreal, Que.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 401 Crescent Building, Montreal, Que.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $5.25. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 401 Crescent Building, Montreal, Que.

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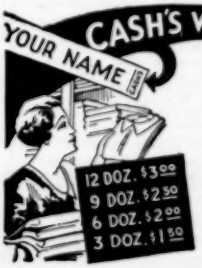

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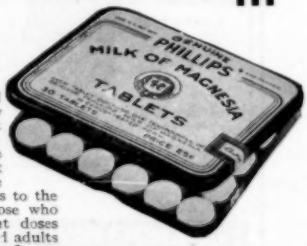

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